Ballad Health Quarterly Report

Reporting Period:
January 1 – March 31, 2019

BalladHealth™

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Quarterly Report for FY19 3rd Quarter

Covering 01/01/2019 – 03/31/2019 (Reporting Period)

Submitted pursuant to the Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration by and between Wellmont Health System and Mountain State Health Alliance Approved on September 19, 2017 and Issued on January 31, 2018 (TOC) and the Virginia Order and Letter Authorizing a Cooperative Agreement dated October 30, 2017 (CA).

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

Pursuant to section 6.04(a) of the TOC and Conditions 39 and 40 of the CA, the undersigned hereby certify the following report and its attachments are true and correct to the best of his/her knowledge after due inquiry and are accurate and complete.

Alan Levine
Executive Chairman
Chief Executive Officer
Ballad Health

Lynn Krutak
Executive Vice President
Chief Financial Officer
Ballad Health

Table of Contents

Attachments

QUARTERLY REPORT

1. Requirements. Section 6.04 of the TOC and Condition 40 of the CA require the quarterly submission of the items listed on Exhibit G attached to the TOC. The section of Exhibit G relevant to Quarterly Reports is attached hereto as Attachment 1a. A copy of Condition 40 is attached as Attachment 1b.

2. Description of Process. In compiling the information and materials for this Quarterly Report, the Ballad Health COPA Compliance Office (CCO) re-evaluated the departments responsible for gathering and preparing these materials. Leaders of the departments were identified and given responsibility to submit the required materials and information (Responsible Parties). The CCO revised the spreadsheets, as necessary, assigning sections of the TOC and the Conditions of the CA to the appropriate Responsible Parties. The CCO resubmitted the spreadsheets to all Responsible Parties to allow them to certify, to their knowledge and belief after due inquiry, that Ballad Health is in compliance with the requirements of the TOC and CA. In instances where Responsible Parties had questions about the interpretation of the requirements or whether there might be concerns regarding compliance, they could make notes or provide qualifications.

3. Deliverables. Deliverables due to the State and the Commonwealth during this Reporting Period were submitted by the required times and are listed below in Table A. As part of the process described above, the Responsible Parties certified to the completion of those submissions.

Table A

ITEM	STATUS	PURSUANT TO TOC AND CA
CMS Notice of Acceptance for Laughlin Memorial Hospital Action Plan	Submitted 1/7	TOC 4.02(b) CA Condition 12
Response to Questions Regarding NICU Consolidation Plan	Submitted 1/19	TOC 4.03(c) CA Condition 27
Notification on Greene County Services	Submitted on 1/29	TOC 4.03(b)(iii)
Monthly Quality Priority Metrics	Submitted on 1/30	CA Condition 12
Risk-based Contract Baseline data	Submitted on 1/31	Performance Indicator 2(c)(i)
Employee Health Plan Baseline Data	Submitted on 1/31	Performance Indicator 2(c)(ii)
Physician Participation in Clinical Services Network – Baseline Data	Submitted on 1/31	Performance Indicator 2(e)
Physician Participation in Common Clinical IT	Submitted on 1/31	Performance Indicator 2 (f)

Platform - Baseline Data		
Employer Health Outreach Program - Baseline Data	Submitted on 1/31	Performance Indicator 2 (g)(i)
Table A Measures Baseline Data	Submitted on 1/31	Performance Indicator 3 (c)(ii)
Table B Measures Baseline Data	Submitted on 1/31	Performance Indicator 4 (b)
Physician/Physician Extender Baseline Data	Submitted on 1/31	Performance Indicator 5(a)
Table C Measures Baseline Data	Submitted on 1/31	Performance Indicator 6(b)
Rural Health Services Plan	Submitted on 1/31	TOC 3.02 (c) and CA Condition 32 and 33
HIE Plan	Submitted on 1/31	TOC 3.05 (b) & 3.06 (a-c) and CA Condition 8
Health Research/GME Plan	Submitted on 1/31	TOC 3.03 (b) (c) & (d) and CA Condition 24 & 25
Health System and Virginia Employee Turnover Baseline Data	Submitted 2/4	Performance Indicator 7(a)
Notification on Wise County Services	Submitted on 2/4	CA Condition 4, 27
CMS Compliance Notice Laughlin Memorial Hospital	Submitted 2/5	TOC 4.02(b) CA Condition 12
Ballad Health Quarterly Report, FY19 Q2	Submitted on 2/13	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19 Q2	Submitted on 2/13	TOC Exhibit F
Monthly Quality Priority Metrics	Submitted on 2/27	CA Condition 12
Proposed Line of Sight Metrics Impacted by 3 Year Health Plans to Measure Progress of the 3 Year Strategic Plan	Submitted 3/18	TOC 3.02(a)(b) & (c), Exhibit B, 3.04(e) CA Conditions 3, 33 - 36
Ballad Health response to questions on Quality Metrics pertinent to the FY 18 Annual Report	Submitted 3/26	TOC 4.02 (c)(ii), Exhibit G CA Condition 12
Monthly Quality Priority Metrics	Submitted on 3/27	CA Condition 12
Ballad Health additional response to questions on Quality Metrics pertinent to the FY 18 Annual Report	Submitted 3/29	TOC 4.02 (c)(ii), Exhibit G CA Condition 12

Response to States comments on Health Research/GME Plan	Submitted on 3/29	TOC 3.03 (b) (c) & (d) and CA Condition 24 & 25

4. Pursuant to § 6.04 of the TOC and Condition 40 of the CA, Ballad Health is pleased to report as follows (using the outline of requirements on Exhibit G):

   A. Any revisions to Charity Care Policy – TOC:4.03(e)/CA:14 and 39:

      - Ballad Health and the consultants for the state are finalizing changes to the Financial Assistance Policy. Revisions were proposed and submitted to the state the week of April 15, 2019. Ballad Health is waiting for approval of these proposed changes from the state. No changes to the policy were made during the FY19 3rd Quarter reporting period.

   B. Report on Population Health and Social Responsibility Committee meetings and member attendance at meetings – TOC: 4.04(e), Exhibit G/CA: 36

      - Summary and attendance sheet, Attachment 2

   C. Key Financial Metrics and comparison of performance against the same quarter in the prior year, prior quarter and year to date – TOC:6.04(c)/CA:40

      - Balance Sheet, Attachment 3
      - Statements of Income, Attachment 4
      - Statement of Cash Flow, Attachment 5

   D. Year-to-Date Community Benefit Spending: By Category, compared to commitment spending – TOC: Exhibit G

      - Progress towards distributing grants – Nothing to report at this time.
      - Internal Spending, Attachment 6

   E. Quality Metrics reported to CMS – TOC: Exhibit G/CA:12

      - Quality Priority Metrics Attachment 7
      - Quality Measures by Facility Attachment 8

   F. Status of any outstanding Cures, Corrective Actions, or other remedial actions – TOC: Exhibit G/CA:17

      - In the FY19 2nd Quarter report it was relayed that Ballad Health discovered a non-compliance in regards to section 5.04(a) of the TOC and Condition 5 of the CA, Competing Services. Pursuant to TOC 6.04(d)(ii) and CA Condition 17, Ballad Health notified the Departments within the required time frame of

discovery. As required in Janet Kleinfelter's letter of response, dated December 21, 2018, Ballad Health provided the COPA Monitor the complete and fully updated list of Ancillary and Post-Acute Services before December 31, 2018. Ballad Health's Office of Revenue Cycle has confirmed that the correct lists are currently available for patient distribution. Ballad Health's Office of Patient Resource Management confirmed that the lists are now being distributed to all patients requiring post-acute services at discharge. Additionally, Ballad Health's Office of Patient Resource Management confirmed that any post-acute care provider who meets Ballad Health's set of defined criteria is allowed to join our Post-Acute Care alliance.

- Ballad Health does not have any additional information to report at this time regarding outstanding Cures, Corrective Actions, or other remedial actions.

G. Any requirements or commitments outlined in the TOC or in the Index which Ballad Health will not meet or anticipates it will not meet:

- The COPA Compliance Office received a complaint regarding collection efforts for services provided to patients who are insured by an out-of-network Payor. The complaint identified a non-compliance issue with the provisions of Addendum 1 Part XII(f) of the TOC regarding collection efforts from Payors of a never in-network party. Ballad Health had a discussion with the state. It was agreed that if a Payor was in-network and subsequently dropped out-of-network the provisions of Addendum 1 do not apply. For Payors who were never in-network, revisions have been proposed to the language in Addendum 1. Once modifications are finalized, the revised Addendum 1 provisions will apply.

  In the meantime, all collection efforts of the patient accounts identified in the complaint continue to be suspended.

- On 3/5/2019 Commissioner Lisa Piercey, MD, MBA, FAAP, signed an approval to grant Ballad Health a waiver, pursuant to TOC Sections 5.05(e) and 9.06, of the 35% limitation for the cross-credentialing at all Ballad hospitals of Employed Physicians through February 28, 2020. This waiver period is subject to provisions outlined in Commissioner Piercey's signed waiver. Discussions continue with the COPA Monitor and the state regarding the 35% rule.

H. Closures/Openings:

- Plans: Update on plans to close or open any Service Lines or facilities.
  - During the Reporting Period, Ballad Health leadership discussed plans to consolidate services in Greene County, pursuant to section 4.03(b)(iii) of the TOC, with notification given to the state on January 29, 2019 for an effective date of April 1, 2019.
  - Wise County consolidation plans were submitted 2/4/19 pursuant to CA Condition 4, 27. Virginia sent a letter to Ballad Health dated 2/26/19 with several questions

regarding the plans for Wise County. Ballad Health had several discussions during the reporting period and submitted a written response to Virginia on 4/9/19.

- Progress: Update on the status of any closures or openings of facilities or Service Lines.
  - Surgical Service Line Alignment: As previously reported, Ballad Health consolidated Orthopedic and Neurosurgical surgery services at IPCH and HVMC. Effective December 31, 2018, the Orthopedic and Neurosurgical service lines at IPCH were moved to HVMC. Emergency Medical Services agencies and the public at large were notified prior to the relocation of these services. Per the Vice President of Ballad Health's Northwest Market, the consolidation has been seamless. There were no issues accommodating additional volume. Public education regarding the transition continues at various events and opportunities.

ATTACHMENT 1

QUARTERLY REPORT CONTENTS

- TOC, Exhibit G, Page 3 – 1a
- CA, Condition 40 – 1b

TOC, Exhibit G, Page 3

The Department reserves the right to change these quarterly reporting requirements upon adequate notice.

- Any revisions to Charity Care Policy; Section 4.03(e).
- Report of Population Health and Social Responsibility Committee meetings and member attendance at meeting; Section 4.04(e).
- Key Financial Metrics (comparing each to same quarter in prior year and the quarter prior to the quarter in question); Section 6.04(c).
    - Balance sheet
    - Statements of income and cash flow
- YTD Community Benefit Spending
    - By Category, compared to commitment spending
        - Progress towards distributing grants
        - Internal spending
- Quality Metrics reported to CMS
- Once, within thirty (30) days of the Issue Date: a List of Ancillary and Post-Acute Services offered by competitors (with respect to each COPA Hospital); Section 5.04(a).
    - Includes but is not limited to: SNF; home health providers; diagnostic service providers; imaging centers; ambulatory surgery centers; physicians and other providers; etc.
    - Include at least three competitors for each category of service.
- Compliance Office Quarterly Reports
    - Complaints by type
    - Resolution of complaints
- Status of any outstanding Cures, Corrective Actions, or other remedial actions.
- Any requirements or commitments outlined in the Terms of Certification or in the Index
- which the New Health System is not meeting or anticipates it will not meet
- Closures / Openings
    - Plans. Update on plans to close or open any Service Lines or facilities.
    - Progress. Update on the status of any closures or openings of facilities or Service Lines.

CA, Condition 40

The New Health System shall provide information on a quarterly basis of the key financial metrics and the balance sheet comparing performance to the similar prior year period and year to date. This information shall be provided on the same timetable as what is publicly reported through Electronic Municipal Market Access.

ATTACHMENT 2

POPULATION HEALTH AND SOCIAL RESPONSIBILITY COMMITTEE MEETING SUMMARY

EXECUTIVE SUMMARY
BALLAD HEALTH COMMUNITY BENEFIT & POPULATION HEALTH COMMITTEE
MARCH 21, 2019

Members:									
P	Barbara Allen	A	Sue Cantrell	P	Marvin Eichorn	P	Rachel Fowlkes	P	Joanne Gilmer
P	Tony Keck	P*	Martin Kent	A	Steve Kilgore	P	Alan Levine	P	Matt Luff
A	Gary Miller	A	Rick Moulton	A	Roger Mowen	P	Todd Norris	A	Donnie Ratliff
A	Scott Richards	P	Allison Rogers	P*	Suzanne Rollins	P	Doug Springer, Chair	A	Randy Wykoff
Staff:									
A	Andy Hall	P	Cathi Snodgrass	P	Jan Ponder	P	Melanie Stanton	A	Jerry Blackwell
A	Taylor Hamilton	A	Eric Deaton	A	Lynn Krutak	A	Linda Edwards	A	Tim Belisle
A	Bo Wilkes	P	Paula Masters						
Guests:									

P = Present, P***** = Via Phone, A = Absent

TOPIC	DISCUSSION	ACTION/APPROVAL
CALL TO ORDER	The meeting was called to order at 4:03 pm.	Dr. Doug Springer
A. DECLARATION		
1. Quorum		Dr. Doug Springer declared a quorum with 15 members present, including Mr. Levine and Mr. Eichorn.
2. Conflict(s) of Interest		Dr. Doug Springer declared no conflicts of interest.

B. Consent Agenda	Dr. Doug Springer asked if there were any questions, comments or corrections to the Community Benefit and Population Health December 13, 2018 meeting minutes. We will have the special called meeting minutes from October, 18, 2018 to approve at our next meeting.	ACTION: *Approve December 13, 2018 minutes.* APPROVAL: **Approved**
C. Committee Chair Report	Mr. Doug Springer discussed the environmental scenario planning process that the Board and management have started. Mr. Springer summarized the initiatives that Ballad Health must pursue to be successful no matter the future environmental scenario – so called "table stakes". Accordingly, they are not a focus in the ESP process. Instead, ESP addresses a range of potential future states nationally, regionally and locally which would have a large impact on Ballad Health's financials, operations or clinical outcomes should they come to pass.	Mr. Doug Springer
D. Chief Population Health Officer Report	Mr. Tony Keck updated the committee on Ballad's participation in the Medicaid Transformation Project (MTP). He discussed the MTP mission, goal and vision. The mission is to improve the health and care of Medicaid and other vulnerable populations by leveraging scalable, replicable innovations to more effectively and efficiently meet their needs. Ballad Health is collaborating with more than 25 other influential health system partners to accelerate the national dialogue and drive progress by bringing attention, insight, innovation, and action to this work—at scale. Mr. Keck reviewed the four areas of focus for this effort which include the ED, behavioral health, women & infants, and substance abuse. Each internal group has a team lead that is running point on the initiatives. Greg Neal is taking lead in MTP. The next item Mr. Keck discussed was the business health collaborative. The strategic driver of the business health collaborative is the idea that an employer lead coalition, armed with good data and best practices, can more effectively work with insurers, 3rd party administrators and providers (including Ballad Health) to improve quality, control cost and	Mr. Tony Keck

	create a culture of health than they can working alone. This will assist Ballad in its goals to improve regional health outcomes while also forming stronger relationships between Ballad and local employers – many of whom are self-insured. The kickoff session to introduce the collaborative was on January 24, 2019. The guest speaker was Beth Bortz, Virginia Center for Health Innovation. Beth's presentation focused on reducing low-value healthcare and increasing high-value healthcare. 69 organizations (135 attendees) participated representing 21,000 covered lives; 48 organizations completed a post event survey and 98% indicated interest in continued participation with collaborative. Future topics of interest indicated were health plan design, training for best practices, primary care initiatives and wellness initiatives. The next steps include creating a structure and engagement strategy to collaborate on future topics of interest, reviewing options to run claims data on Ballad Health team member health plan claims to identify opportunities to reduce low value care, and ultimately to evaluate the claims data of local employers.	
E. Scorecards		
Charitable contributions and sponsorship scorecard	Ms. Allison Rogers discussed the new Tableau charitable contribution scorecard. The information on the scorecard showed the community benefit & marketing spend, the approved amounts, pending amounts, and the declined amounts. The scorecard was further broken down into Ballad markets, community organizations, budget pacing, and projects and events. Several committee members asked to see a pie chart with summary context of where the spending falls and to show an analysis of what requests were declined and why they were turned down. The scorecard is available on the Board portal.	Ms. Allison Rogers
Value-Based Scorecard	Ms. Allison Rogers gave an overview of a revised value-based scorecard. The scorecard includes the total contracts that are active, total Ballad	Ms. Allison Rogers

	attributed lives, total max of upside/downside range and the projected impact for the five contract/program types – full risk, shared savings, pay for gaps/care coordination, hospital based and other. A more detailed analysis of the scorecard, including a trending chart, is available on the Board portal.	
COPA Scorecard	Ms. Allison Rogers presented a high level review for the COPA scorecard. A number of the metrics reported are Ballad proxy measures because the states have not yet finalized their final measures. Full scorecard details are available on the Board portal.	Ms. Allison Rogers
F. Updates		Ms. Allison Rogers
1. ACC Update	Mr. Todd Norris/Ms. Paula Masters gave an update on the Accountable Care Community, sharing that at the current time, the ACC is made up of 180 plus organizations in NETN/SWVA, in 21 counties, and two states. The ACC model is based on collective impact: developing a common agenda, implementing shared measurement, promoting mutually reinforcing activities, and providing continuous communication and backbone support. Mr. Norris outlined four phases of the model – governance and infrastructure, strategic planning, community involvement and evaluation/improvements. The ACC is currently completing phase 2. The four priority areas determined by the membership of the ACC are substance abuse, tobacco use, overweight/obesity, childhood trauma/resiliency. The ACC has identified possible impact programs that will lead to strong starts, strong youth, strong teens, and strong families. The backbone support is provided by Ballad Health and Healthy Kingsport in Tennessee and United Way of SWVA (under contract with Ballad). Next steps include developing a draft of potential strategies to submit to the leadership council.	Mr. Todd Norris/Ms. Paula Masters
2. AHC Update	Ms. Allison Rogers updated the committee on the progress of the AHC which officially launched on November 17, 2018. Thousands of screenings to-date have revealed pockets of significant need. Beyond	Ms. Allison Rogers

	the "numbers" several stories of patient need were shared with the committee. For example: a diabetic patient's AHC screening indicated difficulty paying for food each month. A patient navigator's investigation revealed the patient was paying $400 per month out of pocket for medications. The patient was connected with medication assistance programs, and in the end this interventions was able to reduce the patient's monthly out of pocket costs to $0. The patient was elated and said "getting food will no longer be an issue since I don't have to pay so much for medicine." Approximately 9% of SWVA residents (using US census county population estimates from 7/1/2017) have been offered a screening for health-related social needs since go-live (5/2/2018-2/14/2019). The number of beneficiaries that we have navigated since 3/14/2019 is 308. More detailed information can be found on the Board portal.	
3. Value Summit 2.0 and MSSP Update	Ms. Rogers provided history the organizations value summit work, going back to legacy MSHA. The original, held August 2015, simply helped quantify the financial risk and impact of the VBCs in which legacy MSHA was involved. Value Summit 2.0 event was held in December 2017 to integrate the work of the various legacy MSHA resources (hospitals, physician practices, home health, ISHN, post-acute) across the markets, and create targeted implementation plans for improved performance on VBC. Value Summit 2019, held February 21 of this year, incorporated legacy Wellmont hospitals/physician practices into this VBC work; and evaluated further opportunities to enter into more VBC arrangements. The Value Summit 2019 Identified six key areas of focus: Readmissions, Avoidable ED Visits, Congestive Heart Failure Care, Pneumonia Care, Transitions of Care, and Discharge Processes. These will be considered in market/entity/corporate/service line plans for FY20. The past MSSP model (2012-2018) was discussed. It was heavily focused on closing quality gaps in care and reducing utilization with upside shared saving only. Moving forward, effective July 1, 2019, CMS has establish BASIC and ENHANCED (current Track 3) Tracks, that will required up-side and down-side risk, moves from three year agreement	Ms. Allison Rogers

	periods to five year agreement periods, expands SNF and Telehealth waivers, provides choice in beneficiary assignment methodology, and augments the benchmark methodology and risk scores. The detailed report can be found in the Board portal.	
ADJOURN	Dr. Springer adjourned the meeting at 6:02 p.m.	Dr. Doug Springer

Tim Belisle, Board Secretary

ATTACHMENT 3

BALANCE SHEET

Ballad Health

Comparative Balance Sheet

TN COPA Requirements

	March 31 2019	December 31 2018	Quarter Activity	March 31 2018	Year Activity
ASSETS					
CURRENT ASSETS					
Cash and Cash Equivalents	146,986,103	127,205,940	19,780,163	139,862,177	7,123,926
Current Portion AWUIL	6,517,252	5,405,105	1,112,147	10,643,212	(4,125,960)
Accounts Receivable (Net)	293,398,117	287,264,574	6,133,542	290,812,159	2,585,958
Other Receivables	42,051,758	40,014,020	2,037,738	29,297,645	12,754,113
Due From Affiliates	2,977,372	3,374,626	(397,255)	1,255,596	1,721,775
Due From Third Party Payors	4,009,103	(3,765,806)	7,774,909	(4,429,221)	8,438,324
Inventories	50,211,729	51,126,188	(914,459)	49,948,786	262,943
Prepaid Expense	18,553,106	17,128,992	1,424,114	22,205,353	(3,652,247)
	564,704,539	527,753,640	36,950,899	539,595,707	25,108,832
ASSETS WHOSE USE IS LIMITED	58,197,198	57,053,184	1,144,014	58,095,285	101,913
OTHER INVESTMENTS	1,215,564,284	1,142,146,508	73,417,777	1,172,464,536	43,099,749
PROPERTY, PLANT AND EQUIPMENT					
Land, Buildings and Equipment	3,152,538,859	3,127,406,457	25,132,402	3,038,570,912	113,967,947
Less Allowances for Depreciation	1,892,480,162	1,861,904,368	30,575,795	1,770,113,082	122,367,081
	1,260,058,696	1,265,502,089	(5,443,393)	1,268,457,830	(8,399,134)
OTHER ASSETS					
Pledges Receivable	572,320	609,492	(37,173)	888,953	(316,634)
Long Term Compensation Investment	31,762,256	31,514,656	247,600	31,679,559	82,697
Investments in Unconsolidated Subsidiaries	19,316,957	18,982,387	334,570	17,428,849	1,888,109
Land / Equipment Held for Resale	3,028,830	3,028,830	0	6,646,369	(3,617,539)
Assets Held for Expansion	11,268,702	11,268,702	0	11,361,384	(92,682)
Investments in Subsidiaries	0	(0)	0	(0)	0
Goodwill	209,381,219	209,418,052	(36,833)	209,712,914	(331,694)
Deferred Charges and Other	9,273,111	11,767,952	(2,494,841)	10,492,061	(1,218,950)
	284,603,395	286,590,071	(1,986,676)	288,210,087	(3,606,693)
TOTAL ASSETS	3,383,128,113	3,279,045,492	104,082,621	3,326,823,445	56,304,667
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts Payable and Accrued Expense	163,647,544	160,093,565	3,553,979	144,247,044	19,400,500
Accrued Salaries, Benefits, and PTO	118,510,029	96,455,995	22,054,034	119,188,915	(678,886)
Claims Payable	1,272,761	1,953,448	(680,687)	1,896,224	(623,463)
Accrued Interest	9,539,551	20,870,034	(11,330,484)	9,563,248	(23,697)
Due to Affiliates	0	0	0	0	0
Due to Third Party Payors	17,447,531	9,518,652	7,928,878	16,264,439	1,183,091
Call Option Liability	0	0	0	0	0
Current Portion of Long Term Debt	27,255,904	27,465,503	(209,599)	45,565,851	(18,309,947)
	337,673,318	316,357,197	21,316,122	336,725,722	947,597
OTHER NON CURRENT LIABILITIES					
Long Term Compensation Payable	15,763,251	15,515,651	247,600	16,333,400	(570,149)
Long Term Debt	1,318,828,080	1,320,666,069	(1,837,989)	1,284,689,212	34,138,868
Estimated Fair Value of Interest Rate Swaps	5,553,865	6,787,563	(1,233,699)	17,416,944	(11,863,080)
Deferred Income	24,884,727	23,875,722	1,009,005	13,274,360	11,610,367
Professional Liability Self-Insurance and Other	50,044,847	48,878,919	1,165,928	57,874,941	(7,830,094)
	1,415,074,770	1,415,723,924	(649,153)	1,389,588,858	25,485,913
TOTAL LIABILITIES	1,752,748,089	1,732,081,120	20,666,968	1,726,314,579	26,433,509
NET ASSETS					
Restricted Net Assets	24,182,751	23,793,199	389,552	21,842,570	2,340,181
Unrestricted Net Assets	1,351,200,124	1,283,356,313	67,843,811	1,343,583,592	7,616,532
Noncontrolling Interests in Subsidiaries	254,997,150	239,814,860	15,182,290	235,082,704	19,914,446
	1,630,380,024	1,546,964,371	83,415,653	1,600,508,866	29,871,158
TOTAL LIABILITIES AND NET ASSETS	3,383,128,113	3,279,045,492	104,082,621	3,326,823,445	56,304,667

Ballad Health

Comparative Balance Sheet

VA COPA Requirements

	March 31 2019	March 31 2018	Year Activity	Year to Date 2019
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	146,986,103	139,862,177	7,123,926	146,986,103
Current Portion AWUIL	6,517,252	10,643,212	(4,125,960)	6,517,252
Accounts Receivable (Net)	293,398,117	290,812,159	2,585,958	293,398,117
Other Receivables	42,051,758	29,297,645	12,754,113	42,051,758
Due From Affiliates	2,977,372	1,255,596	1,721,775	2,977,372
Due From Third Party Payors	4,009,103	(4,429,221)	8,438,324	4,009,103
Inventories	50,211,729	49,948,786	262,943	50,211,729
Prepaid Expense	18,553,106	22,205,353	(3,652,247)	18,553,106
	564,704,539	539,595,707	25,108,832	564,704,539
ASSETS WHOSE USE IS LIMITED	58,197,198	58,095,285	101,913	58,197,198
OTHER INVESTMENTS	1,215,564,284	1,172,464,536	43,099,749	1,215,564,284
PROPERTY, PLANT AND EQUIPMENT				
Land, Buildings and Equipment	3,152,538,859	3,038,570,912	113,967,947	3,152,538,859
Less Allowances for Depreciation	1,892,480,162	1,770,113,082	122,367,081	1,892,480,162
	1,260,058,696	1,268,457,830	(8,399,134)	1,260,058,696
OTHER ASSETS				
Pledges Receivable	572,320	888,953	(316,634)	572,320
Long Term Compensation Investment	31,762,256	31,679,559	82,697	31,762,256
Investments in Unconsolidated Subsidiaries	19,316,957	17,428,849	1,888,109	19,316,957
Land / Equipment Held for Resale	3,028,830	6,646,369	(3,617,539)	3,028,830
Assets Held for Expansion	11,268,702	11,361,384	(92,682)	11,268,702
Investments in Subsidiaries	0	(0)	0	0
Goodwill	209,381,219	209,712,914	(331,694)	209,381,219
Deferred Charges and Other	9,273,111	10,492,061	(1,218,950)	9,273,111
	284,603,395	288,210,087	(3,606,693)	284,603,395
TOTAL ASSETS	3,383,128,113	3,326,823,445	56,304,667	3,383,128,113
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts Payable and Accrued Expense	163,647,544	144,247,044	19,400,500	163,647,544
Accrued Salaries, Benefits, and PTO	118,510,029	119,188,915	(678,886)	118,510,029
Claims Payable	1,272,761	1,896,224	(623,463)	1,272,761
Accrued Interest	9,539,551	9,563,248	(23,697)	9,539,551
Due to Affiliates	0	0	0	0
Due to Third Party Payors	17,447,531	16,264,439	1,183,091	17,447,531
Call Option Liability	0	0	0	0
Current Portion of Long Term Debt	27,255,904	45,565,851	(18,309,947)	27,255,904
	337,673,318	336,725,722	947,597	337,673,318
OTHER NON CURRENT LIABILITIES				
Long Term Compensation Payable	15,763,251	16,333,400	(570,149)	15,763,251
Long Term Debt	1,318,828,080	1,284,689,212	34,138,868	1,318,828,080
Estimated Fair Value of Interest Rate Swaps	5,553,865	17,416,944	(11,863,080)	5,553,865
Deferred Income	24,884,727	13,274,360	11,610,367	24,884,727
Professional Liability Self-Insurance and Other	50,044,847	57,874,941	(7,830,094)	50,044,847
	1,415,074,770	1,389,588,858	25,485,913	1,415,074,770
TOTAL LIABILITIES	1,752,748,089	1,726,314,579	26,433,509	1,752,748,089
NET ASSETS				
Restricted Net Assets	24,182,751	21,842,570	2,340,181	24,182,751
Unrestricted Net Assets	1,351,200,124	1,343,583,592	7,616,532	1,351,200,124
Noncontrolling Interests in Subsidiaries	254,997,150	235,082,704	19,914,446	254,997,150
	1,630,380,024	1,600,508,866	29,871,158	1,630,380,024
TOTAL LIABILITIES AND NET ASSETS	3,383,128,113	3,326,823,445	56,304,667	3,383,128,113

ATTACHMENT 4

STATEMENT OF INCOME

Ballad Health

Statement of Revenue and Expense

For The Period Ended March 31, 2019 and March 31, 2018

TN COPA Requirements

	Quarter 3 Mar 2019	Quarter 2 Dec 2018	Quarter 3 Mar 2018
Revenue, Gains and Support			
Patient service revenue, net of contractual allowances and discounts	543,987,920	541,060,141	556,877,144
Provision for bad debts	(29,307,369)	(31,828,119)	(48,414,314)
Net patient service revenue	514,680,552	509,232,022	508,462,830
Other operating revenue	14,104,905	14,474,562	13,248,948
TOTAL REVENUE, GAINS AND SUPPORT	528,785,457	523,706,584	521,711,779
Expenses:			
Salaries and wages	172,042,131	168,556,025	176,456,798
Physician salaries and wages	46,361,934	46,477,969	45,638,233
Contract Labor	8,428,803	7,136,855	12,274,091
Employee Benefits	39,447,001	33,475,987	41,153,635
Fees	54,137,333	55,909,787	52,225,540
Supplies	106,148,411	108,811,762	101,170,428
Utilities	7,734,437	7,661,451	8,029,774
Medical Costs	0	0	0
Other Expense	38,963,781	40,978,390	38,002,938
Depreciation	35,151,667	34,335,873	34,401,613
Amortization	(98,134)	1,022,385	492,302
Interest & Taxes	13,336,352	12,578,019	12,908,632
TOTAL EXPENSES	521,653,718	516,944,504	522,753,983
OPERATING INCOME	7,131,739	6,762,080	(1,042,204)
Nonoperating gains (losses):			
Interest and dividend income	4,698,839	7,958,148	4,179,656
Net realized gains (losses) on the sale of securities	(47,601)	3,422,498	2,532,597
Change in net unrealized gains on securities	70,010,895	(98,712,363)	(7,258,754)
Derivative related income	500,452	752,524	743,373
Loss on extinguishment of LTD / derivatives	0	0	(1,379,728)
Change in estimated fair value of derivatives	947,723	1,378,984	(9,963,580)
Gain (loss) on discontinued operations	(251,503)	(5,244)	(851)
Other nonoperating gains (losses)	(1,187,828)	(1,489,151)	(11,080,641)
Noncontrolling interests in subsidiaries	(15,182,290)	7,479,419	(2,824,847)
NET NONOPERATING GAINS	59,488,688	(79,215,184)	(25,052,774)
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	66,620,427	(72,453,104)	(26,094,979)
EBITDA	44,051,694	72,816,552	40,309,629

Ballad Health

Statement of Revenue and Expense

For The Period Ended March 31, 2019 and March 31, 2018

VA COPA Requirements

	Quarter 3 Mar 2019	Quarter 3 Mar 2018	Year to Date Mar 2019
Patient service revenue, net of contractual allowances and discounts	543,987,920	556,877,144	1,626,243,194
Provision for bad debts	(29,307,369)	(48,414,314)	(100,229,399)
Net patient service revenue	514,680,552	508,462,830	1,526,013,796
Other operating revenue	14,104,905	13,248,948	42,269,453
TOTAL REVENUE, GAINS AND SUPPORT	528,785,457	521,711,779	1,568,283,249
Salaries and wages	172,042,131	176,456,798	513,992,932
Physician salaries and wages	46,361,934	45,638,233	139,867,764
Contract Labor	8,428,803	12,274,091	24,137,786
Employee Benefits	39,447,001	41,153,635	107,047,934
Fees	54,137,333	52,225,540	165,141,490
Supplies	106,148,411	101,170,428	317,467,846
Utilities	7,734,437	8,029,774	24,035,181
Medical Costs	0	0	0
Other Expense	38,963,781	38,002,938	117,916,942
Depreciation	35,151,667	34,401,613	104,558,899
Amortization	(98,134)	492,302	1,902,540
Interest & Taxes	13,336,352	12,908,632	38,509,903
TOTAL EXPENSES	521,653,718	522,753,983	1,554,579,218
OPERATING INCOME	7,131,739	(1,042,204)	13,704,031
Interest and dividend income	4,698,839	4,179,656	17,677,365
Net realized gains (losses) on the sale of securities	(47,601)	2,532,597	7,117,833
Change in net unrealized gains on securities	70,010,895	(7,258,754)	(13,945,183)
Derivative related income	500,452	743,373	2,137,265
Loss on extinguishment of LTD / derivatives	0	(1,379,728)	0
Change in estimated fair value of derivatives	947,723	(9,963,580)	2,947,686
Gain (loss) on discontinued operations	(251,503)	(851)	(252,072)
Other nonoperating gains (losses)	(1,187,828)	(11,080,641)	(2,884,277)
Noncontrolling interests in subsidiaries	(15,182,290)	(2,824,847)	(13,024,052)
NET NONOPERATING GAINS	59,488,688	(25,052,774)	(225,433)
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	66,620,427	(26,094,979)	13,478,597
EBITDA	44,051,694	40,309,629	169,447,437

ATTACHMENT 5

STATEMENT OF CASH FLOW

Ballad Health

Statement of Cash Flows

As of March 31, 2019 and March 31, 2018

	Quarter 3 Mar-19	Quarter 2 Dec-19	Quarter 3 Mar-18
CASH FLOWS FROM OPERATING ACTIVITIES			
Increase / (Decrease) in Unrestricted Net Assets	68,233,363	(73,739,091)	(15,462,441)
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities			
Provision for Depreciation	35,151,667	34,335,873	34,401,613
Provision for Amortization	(98,134)	1,022,385	492,302
Net Realized (Gain) / Loss on Sales of Securities	47,601	(3,422,498)	(2,532,597)
Net Loss on Early Extinguishment of Debt	0	0	1,379,728
Change in Estimated Fair Value of Derivatives	(947,723)	(1,378,984)	9,963,580
Equity in Net Income of Joint Ventures	(293,160)	(493,135)	(248,560)
(Gain) / Loss on Sale of Assets Held for Resale and Disposal of Assets	273,828	132,955	17,322
Net Amounts Received on Interest Rate Swap Settlements	(2,405,304)	(2,802,376)	(3,718,331)
Minority Interest in Consolidated Subsidiaries Income	15,182,290	(7,301,388)	(12,033,544)
Change in Net Unrealized Gains on Investments	(70,010,895)	98,712,363	7,258,754
Increase / (Decrease) in Cash due to Change in:			
Net Patient Accounts Receivable	(6,133,542)	3,720,276	172,691
Other Receivables (Net)	(2,037,738)	(10,930,328)	(213,953)
Inventories and Prepaid Expenses	(509,655)	(644,932)	(4,543,891)
Other Assets	2,284,414	(852,238)	(20,711)
Accrued Interest Payable (incl Capital Appreciation Bond Accretion)	(11,330,484)	11,364,778	57,991
Accounts Payable and Accrued Expenses	3,270,546	16,765,787	2,981,073
Accrued Salaries, Compensated Absences, and Amounts Withheld	22,054,034	(10,730,997)	12,001,923
Estimated Amounts due from/to Third Party Payors (Net)	(153,970)	(773,970)	5,308,403
Other Long-Term Liabilities	1,256,605	13,959,941	4,176,328
Professional Liability Self Insurance and Other	1,165,928	1,505,071	10,501,093
Total Adjustments	(13,233,692)	142,188,584	65,401,216
Net Cash Provided by Operating Activities	54,999,671	68,449,493	49,938,775
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchases of Property, Plant, and Equipment, Property Held for Resale, and Property Held for Expansion (Net)	(29,708,274)	(12,753,084)	(19,484,786)
Additions to Goodwill	36,833	110,498	(184,364)
Purchases of Investments (Net)	(3,649,623)	(22,125,975)	40,688,032
Net Decrease / (Increase) in Assets Limited as to Use	(2,256,161)	(1,665,232)	(7,945,439)
Net Cash Used in Investing Activities	(35,577,225)	(36,433,792)	13,073,443
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments on Long-Term Debt and Capital Lease Obligations (incl Deposits to Escrow)	(2,047,587)	(1,770,785)	(21,027,021)
Net Amounts Received on Interest Rate Swap Settlements	2,405,304	2,802,376	3,718,331
Net Cash Used in Financing Activities	357,717	1,031,591	(17,308,690)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	19,780,163	33,047,291	45,703,528
CASH AND CASH EQUIVALENTS - BEG OF PERIOD	127,205,940	94,158,649	94,158,649
CASH AND CASH EQUIVALENTS - END OF PERIOD	146,986,103	127,205,940	139,862,177

ATTACHMENT 6

YEAR-TO-DATE COMMUNITY BENEFIT INTERNAL SPENDING

Ballad Health TOC Exhibit G YTD through March 31, 2019
Internal Spending Report *(based on available information)*

990, line 7:	
a. Financial assistance (charity)	29,417,128
b. Medicaid and TennCare	40,472,072
c. Other means-tested gov't programs (TennCare included in line 7b)	-
e. Community health improvements	5,929,737
f. Health professions education:	
Medicare-approved programs	
College/university students	
Total Health professions education	17,809,357
g. Subsidized health services	7,219,641
h. Research	81,430
i. Cash and in-kind contributions	1,666,103
Total	**102,595,468**

ATTACHMENT 7

QUALITY PRIORITY METRICS

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

BalladHealth

Priority Metrics

		Ballad Health													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓	lower is better PSI 3 Pressure Ulcer Rate	0.71	1.12	1.10	0.00	0.72	0.61	0.66	0.23	0.23	0.38	0.84	1.43	1.12	0.62
↓	lower is better PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.31	0.15	0.16	0.21	0.00	0.00	0.00	0.00	0.29	0.16	0.23	0.14
↓	lower is better PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.00	0.00	0.21	0.07	0.00	0.23	0.23	0.15	0.00	0.00	0.00	0.08
↓	lower is better PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.18	0.00	0.00	0.06	0.00	0.18	0.00	0.06	0.00	0.19	0.09	0.07
↓	lower is better PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.15	1.67	1.97	1.93	0.70	1.55	0.00	1.29	2.00	1.10	1.41	3.06	2.20	1.53
↓	lower is better PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.00	0.11	0.00	0.00	0.00	0.00	0.00	2.34	2.41	1.62	3.95	1.34	2.66	1.27
↓	lower is better PSI 11 Postoperative Respiratory Failure Rate	14.79	8.34	10.24	9.06	6.73	8.69	8.08	7.06	4.52	6.53	8.22	8.64	8.42	7.77
↓	lower is better PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.42	3.51	4.89	3.58	2.59	3.70	3.18	2.42	3.12	2.90	1.32	2.12	1.71	2.93
↓	lower is better PSI 13 Postoperative Sepsis Rate	8.81	3.88	1.42	3.86	4.12	3.17	1.35	2.45	6.30	3.40	2.74	2.81	2.77	3.16
↓	lower is better PSI 14 Postoperative Wound Dehiscence Rate	2.22	0.99	0.00	0.00	0.00	0.00	0.00	2.46	2.34	1.60	7.73	2.99	5.53	1.86
↓	lower is better PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.98	0.00	1.08	1.06	0.71	1.13	0.00	1.07	0.74	0.00	0.00	0.00	0.55
↓	lower is better CLABSI	0.77	0.65	0.00	1.09	0.78	0.62	0.60	0.84	0.00	0.49	0.53	0.31	0.43	0.53
↓	lower is better CAUTI	0.61	0.64	0.60	1.28	0.66	0.85	1.83	1.09	0.64	1.17	0.78	0.23	0.52	0.88
↓	lower is better SSI COLON Surgical Site Infection	1.17	1.90	8.11	3.37	2.56	4.56	0.00	0.00	1.41	0.40	1.27		1.27	2.27
↓	lower is better SSI HYST Surgical Site Infection	1.00	0.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓	lower is better MRSA	0.04	0.05	0.09	0.29	0.03	0.13	0.08	0.06	0.21	0.12	0.03	0.06	0.04	0.10
↓	lower is better CDIFF	0.59	0.62	0.24	0.40	0.57	0.40	0.42	0.16	0.34	0.31	0.45	0.40	0.42	0.37
	Quality Metrics														
↓	lower is better Levofloxacin Days Of Therapy per 1000 patient days		50.01	58.40	57.31	38.64	53.94	51.15	58.54	48.94	53.86	43.72	43.81	44.21	51.54
↓	lower is better Meropenem Days Of Therapy per 1000 patient days		42.94	43.87	35.42	37.53	39.57	40.11	39.30	41.24	31.46	41.10	28.33	35.63	35.54
↓	lower is better Inpatient Opioid Administration Rate by Patient Days		1.26	1.37	1.41	1.25	1.34	1.31	1.32	1.28	1.31	1.35	1.31	1.33	1.33
↓	lower is better Emergency Department Opioid Administration Rate by ED Visits		0.12	0.14	0.12	0.12	0.12	0.11	0.11	0.18	0.13	0.11	0.10	0.10	0.12
↑	higher is better HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.1%	78.0%	80.0%	80.0%	79.0%	80.0%	79.0%	81.0%	79.0%	79.0%	80.0%	81.0%	80.0%	80.0%
↑	higher is better HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	78.0%	81.0%	80.0%	80.0%	79.0%	81.0%	80.0%	80.0%
↑	higher is better HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.1%	64.0%	63.0%	63.0%	64.0%	64.0%	62.0%	66.0%	61.0%	63.0%	59.0%	63.0%	61.0%	63.0%
↑	higher is better HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	85.9%	86.0%	87.0%	87.0%	86.0%	87.0%	87.0%	87.0%	86.0%	87.0%	87.0%	87.0%	87.0%	87.0%
↓	lower is better Left without being seen	0.9%	0.7%	1.2%	0.9%	1.1%	1.1%	1.0%	0.7%	0.8%	0.8%	1.3%	1.7%	1.3%	1.0%
↓	lower is better Sepsis In House Mortality		0.07	0.09	0.09	0.09	0.09	0.08	0.07	0.09	0.08	0.09	0.08	0.09	0.09
↑	higher is better SMB: Sepsis Management Bundle**		56.6%	61.0%	56.0%	63.0%	60.0%	60.0%	66.0%	61.0%	62.0%	78.0%	62.0%	70.0%	63.0%
↓	lower is better Median Time from ED Arrival to Departure for Outpatients (18b)**	124.53	148.00	121.00	125.00	128.80	126.25	129.30	123.00	123.50	124.50	113.50	123.50	117.00	125.00
↓	lower is better Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	227.29	316.00	223.50	223.50	225.00	223.75	228.00	229.80	231.00	231.00	232.00	254.00	242.50	230.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

Priority Metrics

Bristol Regional Medical Center

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.80	2.28	2.32	0.00	2.51	1.60	2.31	0.00	0.00	0.81	0.00	0.00	0.00	0.89
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.85	0.00	0.00	0.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	4.54	7.55	0.00	0.00	2.43	0.00	3.75	3.36	2.33	3.85	4.27	4.05	2.76
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.78	1.98	6.25	7.52	6.83	2.37
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	10.80	9.26	13.33	8.55	10.67	14.71	0.00	14.08	9.83	15.04	9.43	12.55	10.77
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.25	2.43	7.14	6.27	0.00	4.55	3.33	0.00	3.11	2.21	0.00	0.00	0.00	2.59
↓ lower is better	PSI 13 Postoperative Sepsis Rate	8.88	3.57	0.00	0.00	0.00	0.00	0.00	0.00	12.20	4.28	13.07	8.47	11.07	4.27
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	1.95	0.00	0.00	0.00	0.00	0.00	0.00	16.95	10.99	9.09	0.00	13.89	6.29	4.84
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	1.25	0.00	4.69	0.00	1.61	5.68	0.00	4.72	3.58	0.00	0.00	0.00	1.92
↓ lower is better	CLABSI	1.20	0.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.82	0.96	0.84	0.89	0.98	0.90	1.04	1.79	1.77	1.56	1.71	0.88	1.30	1.24
↓ lower is better	SSI COLON Surgical Site Infection	0.00	1.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection	0.00	1.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	MRSA	0.06	0.09	0.00	0.31	0.00	0.11	0.00	0.16	0.32	0.16	0.00	0.00	0.00	0.10
↓ lower is better	CDIFF	0.72	0.74	0.32	0.16	0.70	0.39	0.47	0.17	0.00	0.22	0.60	0.34	0.48	0.35
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		45.00	36.90	27.40	29.20	31.20	44.61	42.40	42.87	43.29	38.30	41.90	40.10	37.95
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		41.60	34.28	28.80	31.45	31.53	24.05	24.00	28.96	25.69	35.96	25.10	30.53	29.09
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.81	1.83	2.06	1.77	1.88	1.77	1.62	1.92	1.77	1.82	1.85	1.83	1.83
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.16	0.15	0.13	0.14	0.14	0.11	0.14	0.14	0.13	0.13	0.13	0.13	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	85.0%	85.0%	89.0%	83.0%	86.0%	82.0%	82.0%	80.0%	81.0%	74.0%	84.0%	79.0%	82.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	83.0%	82.0%	88.0%	81.0%	84.0%	78.0%	83.0%	80.0%	80.0%	74.0%	83.0%	78.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	67.0%	59.0%	68.0%	63.0%	64.0%	71.0%	68.0%	64.0%	68.0%	55.0%	73.0%	63.0%	65.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	90.0%	91.0%	93.0%	88.0%	91.0%	87.0%	87.0%	90.0%	88.0%	83.0%	91.0%	87.0%	89.0%
↓ lower is better	Left without being seen	1.0%	1.0%	0.8%	0.9%	1.2%	1.0%	1.3%	0.4%	0.3%	0.7%	1.6%	1.6%	1.6%	0.9%
↓ lower is better	Sepsis In House Mortality		0.11	0.12	0.04	0.13	0.10	0.11	0.07	0.13	0.10	0.10	0.12	0.11	0.10
↑ higher is better	SMB: Sepsis Management Bundle**		48.3%	22.0%	46.0%	55.0%	42.0%	31.0%	79.0%	80.0%	64.0%	70.0%	71.0%	71.0%	59.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	147.00	151.00	150.00	123.00	183.00	150.00	140.00	138.00	147.00	140.00	150.50	164.00	157.50	148.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	255.00	284.00	275.00	288.00	276.50	276.50	300.00	294.00	293.50	294.00	254.50	254.00	254.50	282.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Johnston Memorial Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	1.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	2.09	0.00	0.00	0.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.00	0.00	2.91	0.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.40
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00	0.00	2.17	0.00	0.74	0.00	2.16	1.02	0.54
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	0.00	0.00	0.00	0.00	0.00	0.00	29.41	0.00	10.64	0.00	0.00	0.00	4.15
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	0.00	0.00	0.00	0.00	32.26	0.00	11.63	0.00	0.00	0.00	4.57
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.25	5.79	0.00	0.00	0.00	0.00	0.00	8.85	10.10	6.54	0.00	0.00	0.00	2.51
↓ lower is better	PSI 13 Postoperative Sepsis Rate	10.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.64	0.00	0.00	0.00	9.90	3.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.52
↓ lower is better	CLABSI	0.00	0.00	0.00	0.00	5.05	1.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.62
↓ lower is better	CAUTI	0.00	0.00	0.00	2.27	2.30	1.61	0.00	0.00	0.00	0.00	2.73	0.00	1.28	0.92
↓ lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	MRSA	0.00	0.00	0.00	0.43	0.00	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05
↓ lower is better	CDIFF	1.05	0.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.45	0.22	0.06
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		41.70	42.89	28.27	40.64	37.27	25.85	41.10	46.73	37.98	41.70	29.60	35.65	37.13
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		41.69	36.22	39.91	33.53	36.53	22.65	30.70	30.70	28.13	26.30	18.50	22.40	29.85
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.87	0.90	0.94	0.86	0.90	0.82	0.93	0.90	0.88	0.83	0.78	0.81	0.87
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.15	0.17	0.14	0.11	0.14	0.15	0.16	0.26	0.19	0.13	0.12	0.13	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	77.0%	84.0%	74.0%	80.0%	80.0%	73.0%	76.0%	80.0%	76.0%	76.0%	82.0%	78.0%	78.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	79.0%	83.0%	80.0%	79.0%	80.0%	76.0%	81.0%	88.0%	81.0%	77.0%	81.0%	79.0%	80.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	60.0%	65.0%	57.0%	66.0%	63.0%	53.0%	51.0%	68.0%	58.0%	43.0%	51.0%	46.0%	57.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	84.0%	85.0%	85.0%	85.0%	85.0%	88.0%	89.0%	87.0%	90.0%	85.0%	88.0%	86.0%
↓ lower is better	Left without being seen	1.0%	0.2%	0.3%	0.1%	1.4%	0.6%	0.9%	1.0%	2.2%	1.4%	2.6%	4.7%	2.6%	1.4%
↓ lower is better	Sepsis In House Mortality		0.10	0.08	0.14	0.02	0.08	0.10	0.05	0.10	0.08	0.09	0.07	0.08	0.08
↑ higher is better	SMB: Sepsis Management Bundle**		54.8%	55.0%	67.0%	46.0%	56.0%	67.0%	75.0%	33.0%	55.0%	80.0%	80.0%	80.0%	60.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	143.00	137.50	121.00	133.00	134.00	133.00	139.50	145.50	136.50	139.50	139.00	127.00	133.00	135.30
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	272.00	259.00	253.00	235.00	226.00	235.00	255.00	237.00	238.00	238.00	230.50	258.00	244.30	237.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Smyth County Community Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.21	5.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection	16.67	0.00				0.00	0.00			0.00	0.00		0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection	0.00	0.00												
↓ lower is better	MRSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CDIFF	0.17	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		56.30	56.40	65.30	24.03	48.57	44.50	55.30	50.30	50.03	66.90	39.70	53.30	50.30
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		10.10	1.50	19.29	8.01	9.60	2.76	11.60	12.90	9.17	30.80	17.60	24.20	13.09
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.78	0.95	0.82	0.74	0.83	0.79	0.80	0.66	0.74	0.90	0.82	0.86	0.81
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.17	0.14	0.15	0.15	0.17	0.14	0.28	0.20	0.12	0.11	0.11	0.16
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	86.0%	84.0%	86.0%	77.0%	83.0%	76.0%	98.0%	73.0%	80.0%	99.0%	93.0%	96.0%	85.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	83.0%	87.0%	86.0%	76.0%	84.0%	77.0%	94.0%	77.0%	81.0%	99.0%	94.0%	96.0%	86.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	75.0%	71.0%	76.0%	71.0%	72.0%	46.0%	82.0%	60.0%	61.0%	81.0%	88.0%	84.0%	71.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	87.0%	96.0%	94.0%	85.0%	93.0%	86.0%	81.0%	71.0%	80.0%	95.0%	90.0%	93.0%	88.0%
↓ lower is better	Left without being seen	1.0%	0.3%	0.6%	0.4%	0.9%	0.6%	0.2%	0.5%	0.7%	0.4%	0.6%	0.7%	0.6%	0.5%
↓ lower is better	Sepsis In House Mortality		0.03	0.06	0.00	0.04	0.04	0.00	0.00	0.00	0.00	0.04	0.06	0.05	0.03
↑ higher is better	SMB: Sepsis Management Bundle**		81.1%	100.0%	80.0%	100.0%	94.0%	100.0%	71.0%	80.0%	80.0%	100.0%	67.0%	85.0%	87.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	97.00	106.75	94.00	109.00	108.00	108.00	95.00	100.00	107.00	100.00	90.00	92.00	91.50	97.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	176.00	175.00	205.00	195.50	174.50	195.50	177.50	185.50	176.00	177.50	175.50	181.50	180.00	177.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Dickenson County Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
lower is better	PSI 3 Pressure Ulcer Rate			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
lower is better	PSI 6 Iatrogenic Pneumothorax Rate			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate														
lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis														
lower is better	PSI 11 Postoperative Respiratory Failure Rate														
lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate														
lower is better	PSI 13 Postoperative Sepsis Rate		0.00												
lower is better	PSI 14 Postoperative Wound Dehiscence Rate														
lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate														
lower is better	CLABSI														
lower is better	CAUTI														
lower is better	SSI COLON Surgical Site Infection														
lower is better	SSI HYST Surgical Site Infection														
lower is better	MRSA		0.00												
lower is better	CDIFF		0.39												
	Quality Metrics														
lower is better	Levofloxacin Days Of Therapy per 1000 patient days														
lower is better	Meropenem Days Of Therapy per 1000 patient days														
lower is better	Inpatient Opioid Administration Rate by Patient Days			0.08	0.14	0.05	0.09	0.13	0.04	0.01	0.06	0.32	0.01	0.17	0.10
lower is better	Emergency Department Opioid Administration Rate by ED Visits			0.15	0.12	0.13	0.13	0.11	0.11	0.28	0.16	0.11	0.07	0.09	0.13
higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well		57.0%						100.0%	83.0%	89.0%	100.0%		100.0%	93.0%
higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		100.0%						100.0%	83.0%	89.0%	100.0%		100.0%	93.0%
higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		100.0%							50.0%	50.0%				50.0%
higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		100.0%						50.0%	100.0%	83.0%	100.0%		100.0%	90.0%
lower is better	Left without being seen	1.0%	0.8%	0.7%	0.5%	0.8%	0.7%	0.5%	0.3%	0.7%	0.5%	0.3%	0.8%	0.6%	0.6%
lower is better	Sepsis In House Mortality				0.00		0.00		0.00	0.00	0.00				0.00
higher is better	SMB: Sepsis Management Bundle**														
lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	121.00	103.00	105.00	112.00	93.50	105.00	68.00	122.00	103.00	103.00	116.00		116.00	105.00
lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	220.00	136.00	347.50	229.00	209.50	229.00	186.00	135.00	184.00	184.00	289.00		289.00	209.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Hancock County Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate														
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis														
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate														
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate														
↓ lower is better	PSI 13 Postoperative Sepsis Rate														
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate														
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate														
↓ lower is better	CLABSI		0.00												
↓ lower is better	CAUTI		0.00												
↓ lower is better	SSI COLON Surgical Site Infection														
↓ lower is better	SSI HYST Surgical Site Infection														
↓ lower is better	MRSA		0.00												
↓ lower is better	CDIFF		0.00												
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		143.93	137.90	133.90	64.81	112.20	81.08	166.70	50.00	99.26	91.55		91.55	103.70
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		72.12	43.10	205.36	9.26	85.90	145.45	188.89	90.00	141.45	98.59		98.59	111.30
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.79	0.07	0.10	0.10	0.09	2.14	1.25	6.55	3.31	1.36	1.67	1.46	1.46
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.20	0.27	0.21	0.13	0.20	0.27	0.22	0.19	0.23	0.25	0.18	0.22	0.22
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	92.0%	100.0%	92.0%		95.0%	100.0%	100.0%	83.0%	93.0%	86.0%	100.0%	90.0%	92.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	87.0%	100.0%	83.0%		90.0%	89.0%	100.0%	75.0%	85.0%	86.0%	100.0%	90.0%	88.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	77.0%	89.0%	75.0%	75.0%		75.0%	75.0%			75.0%		100.0%	100.0%	81.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	86.0%	83.0%	88.0%		86.0%	100.0%	100.0%	100.0%	100.0%	82.0%	100.0%	88.0%	91.0%
↓ lower is better	Left without being seen	1.0%	0.5%	0.9%	0.7%	0.3%	0.7%	0.9%	0.0%	0.0%	0.3%	0.8%	1.0%	0.8%	0.6%
↓ lower is better	Sepsis In House Mortality		0.00	0.00	0.00	0.33	0.10	0.25	0.00	0.00	0.10	0.00		0.00	0.10
↑ higher is better	SMB: Sepsis Management Bundle**		70.0%	100.0%	0.0%	100.0%	67.0%	50.0%	50.0%	67.0%	57.0%	100.0%		100.0%	67.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		128.00	121.00	126.00	138.00	126.00	109.50	99.00	95.00	99.00	76.00	114.00	95.00	112.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**														

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Indian Path Community Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.45	0.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.34	0.00	1.74	0.48
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.38	4.30	0.00	0.00	20.00	5.88	0.00	0.00	27.03	7.25	0.00	0.00	0.00	5.22
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.09	10.23	0.00	0.00	38.46	14.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.76
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.00	0.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection	0.00	1.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection	7.14	0.00			0.00	0.00	0.00	0.00		0.00				0.00
↓ lower is better	MRSA	0.08	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CDIFF	0.81	0.51	0.00	1.67	0.78	0.83	0.70	1.45	0.00	0.70	1.25	1.31	1.28	0.91
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		33.60	45.59	31.91	34.16	37.23	20.96	19.50	39.30	26.63	39.20	23.80	31.50	31.83
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		49.20	48.94	52.56	56.47	52.67	28.23	40.30	52.30	40.20	37.20	30.70	33.95	43.31
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.06	1.06	0.88	0.86	0.93	0.95	0.75	0.91	0.87	1.00	0.80	0.91	0.90
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.09	0.11	0.08	0.08	0.09	0.08	0.07	0.17	0.11	0.09	0.07	0.08	0.09
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	80.0%	81.0%	84.0%	81.0%	82.0%	76.0%	86.0%	82.0%	81.0%	84.0%	83.0%	84.0%	82.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	83.0%	74.0%	83.0%	84.0%	80.0%	83.0%	88.0%	83.0%	84.0%	87.0%	81.0%	84.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	64.0%	66.0%	58.0%	74.0%	65.0%	66.0%	81.0%	71.0%	71.0%	67.0%	57.0%	63.0%	67.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	89.0%	86.0%	87.0%	87.0%	93.0%	89.0%	85.0%	89.0%	91.0%	88.0%	90.0%	88.0%
↓ lower is better	Left without being seen	1.0%	0.9%	1.4%	1.1%	1.4%	1.3%	1.3%	1.3%	1.0%	1.2%	1.6%	3.5%	1.6%	1.3%
↓ lower is better	Sepsis In House Mortality		0.07	0.05	0.04	0.09	0.06	0.04	0.03	0.04	0.03	0.05	0.03	0.04	0.05
↑ higher is better	SMB: Sepsis Management Bundle**		70.5%	89.0%	63.0%	56.0%	69.0%	80.0%	100.0%	78.0%	83.0%	78.0%	100.0%	85.0%	78.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		130.00	118.00	143.50	126.50	126.50	122.50	122.00	122.00	122.00	118.00	108.00	118.00	122.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		102.00	221.00	223.50	204.00	221.00	195.00	193.00	191.00	193.00	202.00	204.00	203.00	203.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Holston Valley Medical Center

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	1.07	3.21	3.24	0.00	1.26	1.55	0.00	0.00	1.19	0.38	3.25	6.23	4.64	1.88
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.57	0.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	0.00	4.21	0.00	1.44	0.00	2.06	2.12	1.43	2.29	4.78	3.51	1.92
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	0.31	0.00	0.00	0.00	0.00	0.00	3.34	0.00	1.16	0.00	0.00	0.00	0.45
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	10.31	19.14	5.03	11.63	10.05	8.40	0.00	6.02	14.49	14.49	14.49	10.12
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.14	3.77	6.06	1.98	2.07	3.37	0.00	3.84	0.00	1.33	0.00	4.49	2.20	2.31
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.47	3.57	3.95	10.87	3.69	6.25	0.00	0.00	10.31	3.60	0.00	0.00	0.00	3.70
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.42	1.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.87	0.00	6.10	1.40
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.62	1.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.68	0.33	0.00	0.00	0.00	0.00	1.22	0.00	0.00	0.43	1.27	1.30	1.29	0.44
↓ lower is better	CAUTI	0.94	0.50	0.00	0.00	1.02	0.30	0.00	1.05	0.00	0.33	0.00	0.00	0.00	0.24
↓ lower is better	SSI COLON Surgical Site Infection	1.36	0.85	20.00	0.00	0.00	6.52	0.00	0.00	7.69	2.00	0.00		0.00	3.77
↓ lower is better	SSI HYST Surgical Site Infection	0.64	0.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	MRSA	0.01	0.03	0.00	0.29	0.00	0.09	0.00	0.00	0.43	0.14	0.00	0.00	0.00	0.09
↓ lower is better	CDIFF	0.74	1.06	0.42	0.75	0.93	0.69	0.58	0.00	0.30	0.29	0.71	0.64	0.68	0.54
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		37.64	41.85	34.19	35.49	37.20	49.61	41.10	44.25	44.96	37.70	41.50	39.60	40.71
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		84.83	84.50	70.79	76.72	77.33	77.49	66.50	70.40	71.47	59.36	57.40	58.38	70.40
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		2.15	2.22	2.34	2.06	2.21	2.10	2.26	1.91	2.09	2.30	2.27	2.29	2.18
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.18	0.15	0.16	0.15	0.15	0.13	0.14	0.14	0.14	0.15	0.14	0.15	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	81.0%	80.0%	83.0%	84.0%	83.0%	80.0%	78.0%	76.0%	78.0%	84.0%	81.0%	83.0%	81.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	81.0%	80.0%	81.0%	84.0%	82.0%	79.0%	80.0%	76.0%	78.0%	80.0%	79.0%	80.0%	80.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	67.0%	59.0%	62.0%	72.0%	65.0%	60.0%	63.0%	63.0%	62.0%	60.0%	62.0%	61.0%	63.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	90.0%	87.0%	88.0%	87.0%	87.0%	87.0%	89.0%	86.0%	88.0%	90.0%	86.0%	88.0%	88.0%
↓ lower is better	Left without being seen	1.0%	2.0%	3.0%	1.3%	2.0%	2.1%	2.0%	1.8%	1.6%	1.8%	2.3%	3.0%	2.3%	2.1%
↓ lower is better	Sepsis In House Mortality		0.13	0.13	0.11	0.14	0.13	0.11	0.08	0.10	0.10	0.16	0.10	0.13	0.11
↑ higher is better	SMB: Sepsis Management Bundle**		25.2%	54.0%	36.0%	53.0%	48.0%	42.0%	23.0%	29.0%	31.0%	50.0%	36.0%	43.0%	41.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	153.00	175.00	176.00	152.00	177.00	176.00	161.00	178.00	193.00	178.00	210.00	175.00	192.50	176.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	340.00	434.00	405.00	446.00	409.00	409.00	382.00	397.00	440.00	397.00	445.00	519.00	482.00	424.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Lonesome Pine Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.30	7.75	7.52	1.80
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	0.00	0.00	0.00	0.00	166.67	0.00	58.82	0.00	0.00	0.00	21.74
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.00	1.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
↓ lower is better	SSI HYST Surgical Site Infection	5.56	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
↓ lower is better	MRSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CDIFF	0.32	0.37	0.00	0.00	3.75	1.40	0.00	0.00	0.00	0.00	0.00	3.92	1.82	1.02
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		125.00	76.20	111.80	126.05	105.90	96.12	98.95	105.05	91.01	85.45	56.60	77.35	93.18
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		63.60	87.15	76.35	89.15	59.07	63.69	25.50	29.73	21.81	52.89	21.20	59.66	45.24
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.40	2.41	3.19	2.51	2.69	2.54	2.41	4.06	2.91	3.26	2.60	2.95	2.84
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.17	0.14	0.12	0.14	0.11	0.10	0.21	0.14	0.12	0.09	0.10	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	83.0%	82.0%	78.0%	82.0%	81.0%	89.0%	89.0%	81.0%	87.0%	78.0%	84.0%	80.0%	84.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	83.0%	84.0%	84.0%	78.0%	83.0%	85.0%	89.0%	87.0%	87.0%	83.0%	89.0%	85.0%	85.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	76.0%	58.0%	75.0%	67.0%	66.0%	79.0%	92.0%	70.0%	80.0%	58.0%	70.0%	62.0%	71.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	86.0%	87.0%	89.0%	90.0%	88.0%	75.0%	93.0%	93.0%	85.0%	80.0%	86.0%	82.0%	85.0%
↓ lower is better	Left without being seen	0.0%	0.3%	0.2%	0.3%	0.1%	0.2%	0.2%	0.1%	0.0%	0.1%	0.2%	0.1%	0.2%	0.2%
↓ lower is better	Sepsis In House Mortality		0.04	0.08	0.06	0.00	0.05	0.03	0.00	0.08	0.04	0.11	0.00	0.07	0.05
↑ higher is better	SMB: Sepsis Management Bundle**		44.8%	53.0%	38.0%	50.0%	49.0%	88.0%	50.0%	62.0%	65.0%	88.0%	50.0%	65.0%	58.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	120.00	117.00	114.30	126.50	119.50	119.50	129.50	105.50	114.80	115.00	94.00	136.50	115.30	117.30
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	213.00	244.00	223.50	240.00	242.50	240.00	251.30	263.00	261.80	262.00	253.80	274.00	264.00	252.80

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

Priority Metrics

Norton Community Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	35.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.00	0.00	0.00	4.57	0.00	1.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.63
↓ lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00		0.00	0.00			0.00	0.00	0.00		0.00	0.00
↓ lower is better	MRSA	0.00	0.00	0.00	1.19	0.00	0.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.16
↓ lower is better	CDIFF	0.27	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		50.10	59.59	49.71	34.76	48.33	38.04	47.55	59.00	48.30	32.20	38.30	35.25	45.05
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		53.34	64.94	24.24	12.49	33.87	13.20	21.70	42.70	25.80	40.90	18.30	29.60	29.78
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.61	0.84	0.75	0.74	0.78	0.81	0.88	0.72	0.80	0.63	0.68	0.65	0.75
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.11	0.13	0.15	0.13	0.14	0.12	0.14	0.27	0.17	0.10	0.07	0.08	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	83.0%	83.0%	84.0%	86.0%	84.0%	83.0%	88.0%	87.0%	86.0%	83.0%	82.0%	83.0%	85.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	82.0%	77.0%	82.0%	75.0%	79.0%	78.0%	89.0%	85.0%	84.0%	77.0%	84.0%	80.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	66.0%	65.0%	65.0%	71.0%	67.0%	68.0%	57.0%	71.0%	73.0%	68.0%	78.0%	74.0%	76.0%	70.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	80.0%	81.0%	89.0%	74.0%	83.0%	81.0%	85.0%	83.0%	83.0%	94.0%	91.0%	93.0%	85.0%
↓ lower is better	Left without being seen	1.0%	0.2%	0.2%	0.3%	0.4%	0.3%	0.3%	0.8%	0.1%	0.4%	0.7%	0.7%	0.7%	0.4%
↓ lower is better	Sepsis In House Mortality		0.04	0.03	0.05	0.05	0.04	0.04	0.04	0.09	0.06	0.02	0.00	0.01	0.04
↑ higher is better	SMB: Sepsis Management Bundle**		77.6%	100.0%	67.0%	100.0%	94.0%	80.0%	83.0%	67.0%	76.0%	100.0%	40.0%	67.0%	82.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	154.00	138.75	142.50	125.00	147.00	142.50	138.00	147.00	137.00	138.00	156.00	144.00	150.00	143.30
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	244.00	225.00	230.00	213.00	224.00	224.00	238.00	226.50	247.00	238.00	198.00	198.00	198.00	225.30

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Franklin Woods Community Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.27	14.71	0.00	0.00	4.98	0.00	0.00	19.61	5.75	0.00	0.00	0.00	4.07
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	15.78	54.05	0.00	0.00	18.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.19
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.36	2.34	0.00	14.08	0.00	4.72	0.00	14.08	0.00	5.35	30.30	0.00	15.63	7.59
↓ lower is better	PSI 13 Postoperative Sepsis Rate	0.00	8.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.15	1.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.45	0.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.00	0.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.43	0.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection	1.50	5.11	7.69	6.67	7.14	7.14	0.00	0.00	0.00	0.00	0.00		0.00	3.90
↓ lower is better	SSI HYST Surgical Site Infection	0.00	1.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	MRSA	0.04	0.08	0.50	0.00	0.00	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
↓ lower is better	CDIFF	0.26	0.32	0.56	0.00	0.00	0.19	1.16	0.62	0.66	0.82	0.00	0.00	0.00	0.37
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		33.60	24.69	35.10	36.50	32.20	32.99	38.68	47.60	39.80	38.00	31.50	34.75	35.69
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		29.93	0.67	28.67	25.79	26.77	31.78	42.90	45.90	40.27	41.10	41.30	41.20	35.44
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.71	0.70	0.73	0.72	0.72	0.89	0.79	0.75	0.82	0.74	0.87	0.80	0.77
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.19	0.13	0.13	0.15	0.12	0.10	0.27	0.16	0.12	0.10	0.11	0.14
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	84.0%	77.0%	85.0%	81.0%	81.0%	82.0%	83.0%	83.0%	83.0%	87.0%	78.0%	83.0%	82.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	82.0%	79.0%	82.0%	83.0%	81.0%	80.0%	85.0%	88.0%	84.0%	89.0%	81.0%	85.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	70.0%	61.0%	69.0%	75.0%	69.0%	67.0%	69.0%	65.0%	67.0%	61.0%	70.0%	66.0%	67.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	87.0%	90.0%	83.0%	87.0%	87.0%	89.0%	87.0%	87.0%	88.0%	88.0%	89.0%	88.0%	88.0%
↓ lower is better	Left without being seen	1.0%	0.6%	2.1%	0.8%	0.9%	1.3%	0.6%	0.5%	0.5%	0.5%	0.7%	0.9%	0.7%	0.9%
↓ lower is better	Sepsis In House Mortality		0.04	0.05	0.09	0.10	0.08	0.05	0.02	0.06	0.04	0.04	0.03	0.03	0.05
↑ higher is better	SMB: Sepsis Management Bundle**		78.8%	75.0%	67.0%	50.0%	64.0%	67.0%	100.0%	67.0%	77.0%	100.0%	100.0%	100.0%	78.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	130.00	139.00	158.00	148.00	157.00	157.00	150.50	165.50	141.00	150.50	173.00	137.50	155.30	153.80
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	234.00	131.75	251.50	236.00	259.00	251.50	210.00	267.00	248.00	248.00	256.50	281.50	269.00	254.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Johnson City Medical Center

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00	0.00	0.00	0.00	0.69	0.76	0.00	0.49	0.00	0.79	0.37	0.27
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.26	0.27	0.00	0.51	0.56	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.13
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.10	0.10	0.00	0.00	0.00	0.00	0.00	0.77	0.78	0.51	0.00	0.00	0.00	0.18
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.71	0.00	0.00	0.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.09
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	1.13	0.00	2.13	2.38	1.50	0.00	0.00	0.00	0.00	0.00	2.56	1.20	0.85
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.42	1.52	9.76	0.00	4.94	1.81
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98	6.57	6.58	0.00	15.04	6.58	6.76	11.24	5.92	8.08	0.00	6.90	3.45	6.45
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.85	3.63	6.32	3.94	4.49	4.90	8.46	0.00	4.15	4.12	0.00	2.32	1.11	3.70
↓ lower is better	PSI 13 Postoperative Sepsis Rate	14.88	3.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00	1.57	0.00	5.24	2.55	1.25
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.35	1.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.81	0.00	11.90	2.56
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	1.08	1.13	0.00	1.94	1.80	1.25	1.12	3.23	0.00	1.52	0.00	0.00	0.00	1.04
↓ lower is better	CAUTI	1.00	1.50	2.32	4.21	0.00	2.09	9.87	2.71	1.43	4.66	1.17	0.00	0.66	2.64
↓ lower is better	SSI COLON Surgical Site Infection	1.91	1.67	18.18	14.29	7.69	12.90	0.00	0.00	0.00	0.00	11.11		11.11	7.25
↓ lower is better	SSI HYST Surgical Site Infection	2.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
↓ lower is better	MRSA	0.06	0.18	0.19	0.18	0.09	0.15	0.27	0.10	0.19	0.19	0.00	0.20	0.10	0.15
↓ lower is better	CDIFF	0.53	0.50	0.10	0.38	0.41	0.30	0.40	0.00	0.60	0.34	0.32	0.31	0.31	0.32
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		22.70	22.23	23.19	29.77	25.07	25.14	22.50	21.60	23.13	17.50	20.80	19.15	22.86
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		32.68	36.04	36.82	37.31	36.70	34.33	40.30	32.60	35.63	36.30	27.00	31.65	35.04
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.92	1.01	0.99	0.86	0.95	0.95	0.95	0.89	0.93	0.94	0.88	0.91	0.93
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.04	0.06	0.06	0.04	0.05	0.04	0.04	0.07	0.05	0.04	0.03	0.03	0.05
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	77.0%	75.0%	73.0%	69.0%	73.0%	75.0%	79.0%	76.0%	77.0%	78.0%	75.0%	77.0%	75.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	77.0%	76.0%	76.0%	74.0%	70.0%	73.0%	77.0%	76.0%	77.0%	76.0%	74.0%	78.0%	76.0%	75.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	60.0%	64.0%	56.0%	49.0%	57.0%	59.0%	64.0%	52.0%	58.0%	62.0%	60.0%	61.0%	58.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.0%	82.0%	85.0%	83.0%	83.0%	84.0%	85.0%	90.0%	85.0%	87.0%	87.0%	87.0%	87.0%	86.0%
↓ lower is better	Left without being seen	1.0%	0.7%	1.4%	1.8%	1.3%	1.5%	1.2%	0.6%	1.0%	0.9%	1.6%	1.6%	1.6%	1.3%
↓ lower is better	Sepsis In House Mortality		0.17	0.10	0.13	0.11	0.11	0.11	0.11	0.14	0.12	0.11	0.13	0.12	0.12
↑ higher is better	SMB: Sepsis Management Bundle**		55.6%	42.0%	78.0%	70.0%	61.0%	67.0%	56.0%	67.0%	63.0%	70.0%	73.0%	72.0%	65.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	152.00	153.00	144.00	165.50	157.50	157.50	154.00	186.00	170.50	170.50	180.00	164.00	172.00	164.80
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	245.00	260.00	320.50	266.00	293.00	293.00	280.00	335.00	218.00	280.00	277.00	293.50	285.30	286.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Laughlin Memorial Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.27													
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.37													
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15													
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06													
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.52													
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10													
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	8.98													
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.16													
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.38													
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22													
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	2.17													
↓ lower is better	CLABSI	0.00	0.00	0.00	9.17	0.00	2.79	0.00	0.00	0.00	0.00	9.35	0.00	5.59	2.56
↓ lower is better	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection	2.33	1.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection											0.00		0.00	0.00
↓ lower is better	MRSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.74	0.00	0.39	0.12
↓ lower is better	CDIFF	0.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.04	0.37	0.75	0.00	0.39	0.25
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days			74.00	69.00	67.00	70.00	65.60	62.60	60.50	62.90	37.80	97.00	67.40	66.69
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days			45.10	10.30	36.40	30.33	36.30	22.20	39.60	32.70	39.00	22.60	30.80	31.34
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days														
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits														
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%		69.0%	73.0%	69.0%	70.0%	63.0%	73.0%	74.0%	69.0%	69.0%	59.0%	65.0%	69.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%		78.0%	79.0%	84.0%	81.0%	73.0%	85.0%	73.0%	76.0%	76.0%	68.0%	73.0%	77.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%		51.0%	67.0%	59.0%	60.0%	45.0%	61.0%	38.0%	48.0%	62.0%	43.0%	54.0%	54.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%		81.0%	82.0%	84.0%	83.0%	86.0%	80.0%	65.0%	79.0%	89.0%	80.0%	86.0%	82.0%
↓ lower is better	Left without being seen	1.0%	0.5%	0.5%	1.2%	1.7%	1.1%	0.9%	0.9%	1.1%	1.0%	1.3%	0.9%	1.3%	1.1%
↓ lower is better	Sepsis In House Mortality														
↑ higher is better	SMB: Sepsis Management Bundle**		51.2%	100.0%	83.0%	50.0%	75.0%	83.0%	100.0%	33.0%	69.0%	67.0%	38.0%	45.0%	64.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124.00	110.00	127.00	94.00	127.50	127.00	122.00	124.00	125.00	124.00	136.00	122.00	129.00	124.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206.00	192.00	222.00	220.00	230.00	222.00	224.00	208.00	231.00	224.00	224.00	270.00	247.00	224.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Takoma Regional Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.34		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.45		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.98		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.51		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7.58		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.48		0.00	0.00	0.00	0.00	0.00	125.00	0.00	43.48				22.73
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.24		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.49		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	CLABSI	0.00	1.15	0.00	24.39	0.00	5.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.81
↓ lower is better	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection	0.00	2.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
↓ lower is better	SSI HYST Surgical Site Infection	0.00	0.00												
↓ lower is better	MRSA	0.00	0.00	0.00	1.78	0.00	0.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25
↓ lower is better	CDIFF	0.12	0.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		62.82	92.40	96.70	66.39	85.17	111.24	99.70	52.88	87.94	26.50	20.20	23.35	70.75
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		13.90	16.81	21.63	17.91	34.93	21.21	8.20	29.55	19.62	6.86	14.50	10.68	23.13
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.80	1.04	0.81	1.16	1.01	0.91	0.96	1.19	1.01	0.66	0.53	0.61	0.96
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.07	0.11	0.10	0.11	0.10	0.08	0.08	0.10	0.09	0.11	0.07	0.09	0.09
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	84.0%	89.0%	78.0%	91.0%	87.0%	91.0%	85.0%	84.0%	87.0%	83.0%	94.0%	88.0%	87.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	78.0%	82.0%	80.0%	77.0%	88.0%	82.0%	82.0%	86.0%	94.0%	86.0%	83.0%	94.0%	88.0%	85.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	70.0%	71.0%	68.0%	67.0%	68.0%	67.0%	85.0%	83.0%	76.0%	58.0%	83.0%	71.0%	72.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	91.0%	89.0%	92.0%	90.0%	90.0%	96.0%	91.0%	93.0%	94.0%	91.0%	83.0%	88.0%	91.0%
↓ lower is better	Left without being seen	2.0%	2.5%	0.1%	0.3%	0.2%	0.2%	0.1%	0.0%	0.1%	0.0%	0.3%	0.3%	0.3%	0.2%
↓ lower is better	Sepsis In House Mortality			0.07	0.00	0.07	0.04	0.08	0.06	0.00	0.05	0.00	0.00	0.00	0.04
↑ higher is better	SMB: Sepsis Management Bundle**		31.7%	50.0%	25.0%	71.0%	48.0%	14.0%	89.0%	17.0%	45.0%	57.0%	38.0%	47.0%	47.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	139.00	163.00	166.00	127.00	130.00	130.00	183.00	189.00	142.00	183.00	111.00	125.00	118.00	136.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	221.00	277.00	245.50	294.00	259.00	259.00	287.00	280.50	285.00	285.00	231.50	262.00	232.00	280.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Johnson County Community Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate			0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate			0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate														
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis														
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate														
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate														
↓ lower is better	PSI 13 Postoperative Sepsis Rate														
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate														
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate														
↓ lower is better	CLABSI														
↓ lower is better	CAUTI														
↓ lower is better	SSI COLON Surgical Site Infection														
↓ lower is better	SSI HYST Surgical Site Infection														
↓ lower is better	MRSA														
↓ lower is better	CDIFF														
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days														
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days														
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days			0.40			0.40			1.33	1.33	1.29	0.38	0.80	0.77
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits			0.11	0.09	0.10	0.10	0.11	0.12	0.24	0.16	0.14	0.09	0.11	0.12
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well		100.0%									100.0%	100.0%	100.0%	100.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		100.0%									0.0%	100.0%	50.0%	50.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		100.0%												
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		100.0%									100.0%	100.0%	100.0%	100.0%
↓ lower is better	Left without being seen	1.0%	0.7%	0.9%	1.4%	1.0%	1.1%	0.8%	0.5%	0.6%	0.6%	0.7%	0.4%	0.6%	0.8%
↓ lower is better	Sepsis In House Mortality								0.00	0.00	0.00				0.00
↑ higher is better	SMB: Sepsis Management Bundle**														
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		86.00	73.50	96.00	91.00	91.00	60.00	84.00	72.00	72.00	91.00		91.00	84.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		152.00	143.00	153.00		148.00					137.00		137.00	143.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Sycamore Shoals Hospital													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓	lower is better PSI 3 Pressure Ulcer Rate	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.23	4.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 13 Postoperative Sepsis Rate	0.00	4.65	0.00	0.00	58.82	18.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.04
↓	lower is better PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better CLABSI	0.90	1.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better CAUTI	0.00	0.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better SSI COLON Surgical Site Infection	3.23	3.13	0.00	50.00	0.00	14.29	0.00	0.00	0.00	0.00	0.00		0.00	5.00
↓	lower is better SSI HYST Surgical Site Infection	0.00	0.00	0.00		0.00	0.00			0.00	0.00				0.00
↓	lower is better MRSA	0.07	0.13	0.00	0.96	0.00	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11
↓	lower is better CDIFF	0.60	0.67	0.89	0.96	1.84	1.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.44
	Quality Metrics														
↓	lower is better Levofloxacin Days Of Therapy per 1000 patient days		29.20	21.07	25.57	18.60	21.77	30.90	34.40	33.20	32.83	29.60	33.60	31.60	28.38
↓	lower is better Meropenem Days Of Therapy per 1000 patient days		31.02	24.24	38.35	51.88	38.17	63.87	32.40	56.60	51.00	38.40	51.40	44.90	44.66
↓	lower is better Inpatient Opioid Administration Rate by Patient Days		0.68	0.78	0.72	0.59	0.70	0.69	0.73	0.51	0.64	0.56	0.67	0.61	0.65
↓	lower is better Emergency Department Opioid Administration Rate by ED Visits		0.12	0.16	0.13	0.12	0.14	0.13	0.11	0.22	0.15	0.11	0.09	0.10	0.13
↑	higher is better HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	78.0%	82.0%	78.0%	83.0%	81.0%	90.0%	84.0%	77.0%	84.0%	83.0%	85.0%	84.0%	83.0%
↑	higher is better HCOMP2A P Patients who reported that their doctors "Always" communicated well	86.0%	80.0%	92.0%	82.0%	83.0%	86.0%	83.0%	80.0%	83.0%	82.0%	87.0%	80.0%	84.0%	84.0%
↑	higher is better HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	64.0%	79.0%	67.0%	68.0%	72.0%	72.0%	76.0%	62.0%	70.0%	51.0%	52.0%	52.0%	66.0%
↑	higher is better HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	86.0%	89.0%	92.0%	85.0%	89.0%	91.0%	78.0%	85.0%	85.0%	77.0%	83.0%	79.0%	85.0%
↓	lower is better Left without being seen	0.0%	0.7%	1.2%	0.6%	0.8%	0.8%	0.6%	0.2%	0.6%	0.5%	0.6%	0.5%	0.6%	0.6%
↓	lower is better Sepsis In House Mortality		0.14	0.10	0.09	0.10	0.10	0.03	0.07	0.12	0.07	0.19	0.03	0.11	0.09
↑	higher is better SMB: Sepsis Management Bundle**		72.0%	50.0%	67.0%	50.0%	56.0%	67.0%	50.0%	100.0%	67.0%	75.0%	75.0%	75.0%	66.0%
↓	lower is better Median Time from ED Arrival to Departure for Outpatients (18b)**	124.00	166.00	112.50	115.00	142.00	115.00	129.00	132.50	111.00	129.00	103.00	112.00	107.50	113.80
↓	lower is better Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	210.00	222.00	211.00	200.50	223.50	211.00	215.00	191.00	215.50	215.50	193.00	191.50	192.50	211.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

Priority Metrics

Hawkins County Memorial Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00					0.00			0.00	0.00		0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate		0.00					0.00			0.00	0.00		0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate		0.00					0.00			0.00	0.00		0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.36	12.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.00	1.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection	0.00													
↓ lower is better	SSI HYST Surgical Site Infection														
↓ lower is better	MRSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CDIFF	0.00	0.26	0.00	0.00	0.00	0.00	0.00	3.18	0.00	1.11	0.00	0.00	0.00	0.40
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		135.90	135.60	102.80	61.95	100.13	99.74	76.00	68.49	81.41	36.40	116.50	76.45	87.19
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		74.51	109.04	62.66	85.55	85.77	28.87	34.30	35.62	32.94	75.00	51.00	63.00	60.27
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.58	1.09	1.27	1.17	1.17	1.42	1.45	1.37	1.42	2.37	1.61	2.00	1.48
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.12	0.12	0.14	0.13	0.10	0.10	0.10	0.10	0.11	0.13	0.12	0.12
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	84.0%	81.0%	87.0%	96.0%	88.0%	77.0%	91.0%	80.0%	83.0%	82.0%	80.0%	81.0%	84.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	80.0%	88.0%	80.0%	100.0%	89.0%	74.0%	76.0%	64.0%	71.0%	86.0%	74.0%	81.0%	80.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	83.0%	70.0%	83.0%	90.0%	100.0%	91.0%	60.0%	100.0%	50.0%	63.0%	67.0%	79.0%	72.0%	75.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	87.0%	87.0%	80.0%	79.0%	82.0%	88.0%	86.0%	77.0%	83.0%	87.0%	90.0%	88.0%	85.0%
↓ lower is better	Left without being seen		2.2%	0.0%	0.5%	0.3%	0.2%	0.2%	0.7%	0.1%	0.3%	0.3%	0.2%	0.3%	0.3%
↓ lower is better	Sepsis In House Mortality		0.03	0.09	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
↑ higher is better	SMB: Sepsis Management Bundle**		62.0%	75.0%	60.0%	33.0%	53.0%	33.0%	100.0%	75.0%	68.0%	100.0%	67.0%	75.0%	64.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	80.00	91.00	68.00	82.50	65.00	68.00	101.00	118.00	87.00	101.00	68.00	86.00	77.00	84.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	175.00	215.00	204.00	201.00	219.00	204.00	232.00	233.00	231.00	232.00	247.00	234.00	242.50	231.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

Priority Metrics

Russell County Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.89	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00									0.00		0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate		0.00									0.00		0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate		0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate		250.00												
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate		0.00		0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.00	4.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection														
↓ lower is better	SSI HYST Surgical Site Infection														
↓ lower is better	MRSA	0.00	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CDIFF	0.50	0.62	0.00	0.00	0.00	0.00	0.00	0.00	4.05	1.36	0.00	0.00	0.00	0.51
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		25.20	18.90	14.60	17.28	16.93	33.90	31.60	49.60	38.40	37.10	22.40	29.75	28.19
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		2.48	0.00	0.00	2.16	0.73	7.91	0.00	10.20	6.07	1.00	0.00	0.00	2.91
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.30	0.24	0.23	0.27	0.25	0.31	0.25	0.16	0.24	0.18	0.20	0.19	0.23
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.13	0.12	0.13	0.13	0.12	0.13	0.34	0.19	0.12	0.11	0.12	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	90.0%	90.0%	75.0%	88.0%	85.0%	86.0%	90.0%	100.0%	93.0%	94.0%	100.0%	97.0%	91.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	89.0%	88.0%	69.0%	71.0%	92.0%	76.0%	86.0%	84.0%	96.0%	90.0%	88.0%	86.0%	87.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	64.0%	70.0%	100.0%	50.0%	67.0%	78.0%	67.0%	100.0%	83.0%	83.0%	69.0%	74.0%	75.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	82.0%	82.0%	100.0%	91.0%	89.0%	100.0%	79.0%	100.0%	91.0%	93.0%	91.0%	92.0%	91.0%
↓ lower is better	Left without being seen	1.0%	0.3%	1.3%	0.6%	0.6%	0.8%	1.0%	0.2%	0.7%	0.7%	0.5%	1.1%	0.5%	0.7%
↓ lower is better	Sepsis In House Mortality		0.07	0.00	0.07	0.00	0.03	0.00	0.08	0.00	0.03	0.07	0.14	0.11	0.06
↑ higher is better	SMB: Sepsis Management Bundle**		76.7%	67.0%	67.0%	83.0%	72.0%	78.0%	40.0%	100.0%	72.0%	90.0%	86.0%	88.0%	77.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	90.00	106.00	108.50	83.50	101.50	101.50	94.00	98.00	105.00	98.00	78.00	98.00	79.00	98.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	168.00	189.25	167.50	158.00	175.00	158.00	202.00	170.00	174.00	202.00	155.00	162.00	158.50	168.80

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

Priority Metrics

Unicoi County Hospital

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
	Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.40													
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40													
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17													
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06													
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75													
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis														
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate														
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.76													
↓ lower is better	PSI 13 Postoperative Sepsis Rate														
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate														
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.26													
↓ lower is better	CLABSI	0.00	0.00		0.00		0.00								0.00
↓ lower is better	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI COLON Surgical Site Infection														
↓ lower is better	SSI HYST Surgical Site Infection														
↓ lower is better	MRSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CDIFF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days														
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		5.50												
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days							0.20	0.57	0.96	0.55	1.10	1.10	1.10	0.62
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits							0.03	0.17	0.15	0.12	0.11	0.17	0.14	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	79.0%	86.0%	73.0%	100.0%	83.0%	82.0%	75.0%	80.0%	100.0%	82.0%	73.0%	79.0%	75.0%	80.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	83.0%	84.0%	95.0%	75.0%	86.0%	92.0%	93.0%	50.0%	85.0%	79.0%	78.0%	79.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	75.0%	52.0%	83.0%	75.0%	63.0%	0.0%	63.0%	0.0%	42.0%	27.0%	50.0%	39.0%	51.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	76.0%	87.0%	71.0%	91.0%	100.0%	82.0%	83.0%	80.0%	75.0%	80.0%	50.0%	81.0%	68.0%	77.0%
↓ lower is better	Left without being seen	1.0%	0.5%	0.7%	1.2%	1.2%	1.0%	2.0%	0.3%	0.0%	0.4%	0.0%	0.1%	0.0%	0.6%
↓ lower is better	Sepsis In House Mortality														
↑ higher is better	SMB: Sepsis Management Bundle**		61.8%	67.0%	50.0%	75.0%	67.0%	33.0%	50.0%		44.0%	67.0%	50.0%	60.0%	57.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		124.00	170.00	134.00	125.50	134.00	159.00	122.00	147.00	147.00	105.00	114.00	109.50	129.80
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		206.00	206.00	222.00	212.00	212.00	207.00	201.00	229.00	207.00	275.50	195.00	235.50	209.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

ATTACHMENT 8

QUALITY MEASURES BY FACILITY

Quarterly Report to the TN DOH, VA DOH

"Summary of Quality Indicators Updates"

Report Contact: Melanie Stanton

May 13, 2019

Report Summary:

This report provides a summary of proposed updates to the baselines of quality indicators submitted for all Ballad Hospitals. Ballad Health and the State of Tennessee and Commonwealth of Virginia are discussion further.

- **State summary results**: These results were initially submitted using average of average calculations. We updated the state summary reports for the May, 2019 quarterly report by calculating the denominator and numerator and weighting them equally to the results. During this process, it became necessary to update the Target Measure baselines and some Monitoring measures with the most current available results. See explanation below:

- **PSI Baselines:** The July, 2017 hospital compare release suppressed PSI 09, 10, 11 harm measures. CMS restated the PSI measures in the October, 2017 release using updated AHRQ version 6.0, which included all harm measures. This release redefined PSI measures 08 (In House Hip Fractures), 10 (Postoperative Physiologic and Metabolic Derangement), 15 (Accidental Puncture or Laceration) and retired PSI 07 (Central Venous Catheter-Related Blood Stream Infection).

- **HAI/Infection Rates/Mortality/Readmissions:**
    - Hospital Compare publishes rates (SIRS) that compare actual infections to the number of expected infections and this SIR changes each year; this methodology does not readily enable concise monitoring for improvement monthly, quarterly, or year over year
    - Hospital Compare publishes mortality and readmissions rates using a proprietary formula; this methodology does not readily enable concise monitoring for improvement monthly, quarterly, or year over year
    - THEREFORE, HAI/Infection Rates/Mortality/Readmissions results provided in this report are based on the numerators and denominators reported to Hospital Compare which are the factors in the baseline SIR/Rate and actual SIR/Rate for the identical Hospital Compare timeframe, thereby translating the SIR into a usable value for monitoring improvement over past performance.
    - For the 7/17 hospital compare report period (baseline) CMS transitioned from reporting ICU only reporting for CLABSI and CAUTI HAIs to ALL Wards reporting. Due to a calculation error during this same period, CMS suppressed the HAIs for this period. Hence NHSN all wards results were reported for baseline.
    - Mortality and Readmission results provided in this report are for ALL payers in contrast to the rates reported on Hospital Compare which are based on Medicare claims only. The quality team continues to review the TN and VA consolidated baselines.

- **ED Throughput:** Initial submission averaged the median results. These are updated to reflect summary scores calculating the median of the median on the ED timing measures.

BalladHealth

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	PSI 3 Pressure Ulcer Rate	0.29	1.10	0.49	0.21	1.28	0.58	0.60	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.10	0.38	0.25	0.09	0.37	0.15	0.16
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.15	0.05	0.11	0.14	0.06	0.08	0.15	0.00	0.23
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.06	0.10	0.07	0.04	0.10	0.09	0.18
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.33	4.14	1.77	1.47	4.50	0.63	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.06	0.83	1.00	1.02	0.67	1.22	1.69	2.88
↓	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	7.57	14.31	8.24	7.99	15.16	9.75	3.04
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.30	5.42	3.41	3.44	4.84	4.62	2.09
↓	PSI 13 Postoperative Sepsis Rate	6.16	3.88	3.29	6.15	4.01	3.31	6.27	1.86	3.08
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	0.80	2.21	1.12	0.92	2.15	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.72	0.91	1.14	0.64	0.85	0.00	1.22
↓	CLABSI	0.774	0.652	0.560	0.822	0.700	0.579	0.000	0.220	0.399
↓	CAUTI	0.613	0.640	1.010	0.684	0.760	1.098	0.000	0.089	0.591
↓	SSI COLON Surgical Site Infection	1.166	1.900	2.430	1.120	2.080	2.948	2.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.996	0.610	0.000	0.866	0.650	0.000	2.500	0.000	0.000
↓	MRSA	0.040	0.054	0.130	0.043	0.060	0.131	0.000	0.019	0.081
↓	CDIFF	0.585	0.623	0.350	0.594	0.648	0.389	0.490	0.470	0.087
	General Information-Structural Measures									
YES	**ACS REGISTRY - Retired**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**SMPART GENSURG General Surgery Registry - Retired**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**SMPART NURSE Nursing Care Registry - Retired**	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	**SMSSCHECK Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP12 HIT Ability electronically receive lab results**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP17 Tracking Clinical Results Between Visits**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP25 Outpatient Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SURVEY OF PATIENT'S EXPERIENCE									
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	82.8%	82.9%	82.8%	84.7%	81.9%	82.8%	79.3%	84.7%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	13.7%	13.2%	13.9%	11.8%	13.5%	12.8%	16.8%	12.5%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	4.0%	3.9%	3.3%	3.5%	4.4%	4.4%	4.0%	3.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	84.5%	82.6%	83.8%	83.4%	82.1%	84.8%	86.7%	83.7%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	11.0%	13.0%	12.4%	11.8%	13.0%	11.0%	9.5%	13.0%

BalladHealth

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	4.4%	4.5%	3.8%	4.7%	5.0%	4.2%	3.7%	3.7%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	75.4%	72.2%	73.5%	75.7%	70.0%	71.2%	74.7%	76.3%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	17.9%	19.4%	20.6%	17.9%	20.9%	20.8%	18.0%	16.5%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	6.8%	8.3%	6.0%	6.5%	8.9%	8.0%	7.3%	7.2%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	74.1%	72.8%	--	74.6%	71.5%	--	73.2%	75.3%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19.6%	18.9%	--	19.3%	19.5%	--	20.4%	17.7%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.3%	8.2%	--	6.2%	9.0%	--	6.4%	6.8%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	72.6%	66.4%	67.8%	73.1%	66.5%	68.8%	71.8%	66.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	13.1%	14.4%	16.5%	12.8%	16.1%	14.6%	13.7%	11.3%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	14.2%	19.5%	15.7%	14.1%	17.5%	16.6%	14.5%	23.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	88.1%	86.5%	87.1%	88.5%	86.7%	87.4%	87.3%	86.0%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	11.9%	13.5%	12.9%	11.5%	13.3%	12.6%	12.7%	14.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	50.8%	51.0%	55.3%	52.3%	51.0%	52.8%	48.2%	52.0%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	43.2%	44.0%	39.7%	42.5%	44.1%	43.0%	44.5%	42.0%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	5.5%	4.7%	5.0%	4.6%	4.3%	4.2%	7.0%	5.5%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	81.6%	76.1%	74.6%	81.5%	76.0%	72.4%	81.8%	76.3%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	11.8%	14.9%	17.0%	11.7%	15.9%	17.6%	11.8%	13.0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	6.6%	9.3%	8.5%	6.8%	8.4%	10.0%	6.3%	11.0%

BalladHealth

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬆	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	71.9%	67.1%	67.4%	72.5%	67.3%	64.6%	70.7%	66.7%
⬇	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	21.0%	25.2%	26.3%	19.7%	24.8%	28.2%	23.3%	26.0%
⬇	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	7.1%	7.7%	6.4%	7.6%	7.9%	7.2%	6.0%	7.3%
⬇	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	7.6%	9.9%	7.6%	6.9%	8.2%	8.2%	8.8%	13.2%
⬇	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	15.3%	17.1%	17.4%	15.0%	18.8%	22.4%	15.7%	14.0%
⬆	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	77.1%	72.9%	75.1%	78.1%	72.8%	69.4%	75.3%	73.2%
⬆	HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	73.7%	75.4%	68.6%	75.9%	76.9%	72.0%	68.8%	72.7%	62.5%
⬇	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	20.0%	26.0%	19.5%	18.5%	22.3%	26.0%	22.8%	32.8%
⬇	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	4.6%	3.5%	4.6%	4.6%	3.7%	5.2%	4.5%	3.0%
	CATARACT SURGERY OUTCOME %									
⬆	OP31 Cataracts Improvement - voluntary reporting		--	--	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %									
⬆	OP29 Avg Risk Polyp Surveillance	76.1%	79.4%	80.0%	80.8%	89.2%	91.0%	61.0%	69.7%	68.0%
⬆	OP30 High risk Polyp Surveillance	77.7%	81.7%	88.0%	71.8%	81.3%	89.0%	92.5%	82.1%	85.0%
	HEART ATTACK									
⬇	OP3b Median Time to Transfer AMI --- RETIRED	47.50	--	--	65.00	--	--	48.00	--	--
⬇	OP5 Median Time to ECG AMI and Chest Pain RETIRED	5.22	--	--	7.10	--	--	5.60	--	--
⬆	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report		--	--	--	--	--	--	--	--
⬆	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	97.0%	94.0%	--	97.5%	99.3%	--	97.0%	--	--
	STROKE CARE %									
⬆	STK4 Thrombolytic Therapy --RETIRED	83.0%	99.0%	--	83.0%	99.3%	--	--	--	--
	EMERGENCY DEPARTMENT THROUGHPUT									
	EDV Emergency Department Volume	--	--	--	--	--	--	--	--	--
⬇	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.29	210.49	227.75	231.50	233.00	226.50	214.60	221.50	223.75
⬇	ED2b ED Decision to Transport	69.00	62.00	64.50	90.00	70.00	70.50	63.60	51.00	51.00

BalladHealth

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.50	129.17	125.00	124.00	132.00	129.50	120.00	119.00	117.25
↓	OP20 Door to Diagnostic Evaluation RETIRED	15.09	16.34	--	--	--	--	13.20	--	--
↓	OP21 Time to pain medicaton for long bone fractures RETIRED	37.84	45.29	--	--	--	--	38.00	--	--
↑	OP22 Left without being seen	0.9%	0.6%	0.8%	0.9%	1.0%	0.9%	0.8%	0.3%	0.6%
↑	OP23 Head CT stroke patients	84.7%	78.6%	79.2%	89.5%	84.6%	83.0%	75.0%	68.8%	72.0%
	PREVENTIVE CARE %									
↑	IMM2 Immunization for Influenza	97.4%	98.5%	95.8%	96.9%	98.2%	95.0%	98.4%	98.8%	97.3%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	97.0%	98.3%	98.3%	97.0%	98.2%	94.3%	98.4%	98.7%	98.9%
	BLOOD CLOT PREVENTION / TREATMENT									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	1.5%	2.7%	1.5%	2.0%	2.2%	1.7%	0.0%	6.7%	0.0%
	PREGNANCY AND DELIVERY CARE %									
↓	PC01 Elective Delivery	0.6%	0.7%	0.7%	0.0%	0.5%	0.0%	1.7%	1.3%	2.2%
	SURGICAL COMPLICATIONS RATE									
↓	Hip and Knee Complications	0.029	0.050	0.03	0.029	0.050	0.036	0.029	0.050	0.000
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	145.16	118.34	135.72	133.74	127.23	147.36	178.18	50.85
↓	PSI90 Complications / patient safety for selected indicators	0.83	0.93	0.88	0.92	0.89	0.97	0.85	0.97	0.98
	READMISSIONS 30 DAYS RATE%									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	11.8%	12.0%	12.6%	13.0%	12.0%	12.9%	10.6%	14.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.0%	9.0%	8.9%	11.0%	9.0%	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	19.2%	18.0%	17.8%	20.0%	17.0%	18.2%	18.4%	20.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	4.8%	4.0%	3.4%	4.0%	4.0%	3.7%	5.5%	4.0%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	12.9%	11.1%	12.3%	12.2%	10.9%	12.0%	13.6%	12.2%
↓	READM30 STK Stroke 30day readmission rate	9.0%	13.5%	10.0%	9.4%	10.0%	10.0%	9.3%	17.0%	10.0%
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	23.8%	15.6%	19.7%	24.0%	15.3%	21.5%	23.6%	20.2%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	15.9%	15.0%	17.0%	16.0%	15.0%	18.4%	15.8%	16.0%
	MORTALITY 30 DAYS DEATH RATE %									
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%	1.0%	2.0%	2.5%	1.0%	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	2.1%	3.0%	2.8%	2.3%	3.0%	1.0%	1.8%	2.0%

BalladHealth

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬇	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	5.0%	3.0%	7.1%	3.2%	3.0%	3.7%	6.8%	5.0%
⬇	MORT30HF Heart failure 30day mortality rate	3.9%	3.3%	3.0%	5.3%	3.1%	4.0%	3.7%	3.4%	2.0%
⬇	MORT30PN Pneumonia 30day mortality rate	4.7%	3.8%	5.0%	7.2%	4.4%	5.0%	2.6%	3.2%	4.0%
⬇	MORT30STK Stroke 30day mortality rate	8.2%	4.5%	5.0%	10.4%	4.7%	6.0%	6.0%	4.3%	2.0%
	USE OF MEDICAL IMAGING OUTPATIENT									
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	41.2%	41.2%	--	40.7%	40.7%	--	42.0%	42.0%	--
	OP9 Mammography Followup Rates - Annual	6.5%	6.5%	--	8.1%	8.1%	--	3.4%	3.4%	--
	OP10 Abdomen CT Use of Contrast Material - Annual	6.0%	6.0%	--	7.1%	7.1%	--	4.0%	4.0%	--
	OP11 Thorax CT Use of Contrast Material - Annual	1.0%	0.7%	--	0.9%	0.9%	--	1.3%	1.3%	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	3.7%	4.1%	--	3.5%	3.5%	--	4.1%	4.1%	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	2.0%	1.0%	--	1.4%	1.4%	--	0.7%	0.7%	--

BalladHealth

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬇	PSI 3 Pressure Ulcer Rate	0.36	3.21	0.96	0.07	0.00	0.24	0.35	2.28	1.21
⬇	PSI 6 Iatrogenic Pneumothorax Rate	0.51	0.48	0.00	0.33	0.25	0.18	0.32	0.07	0.15
⬇	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.16	0.00	0.00	0.00	0.11	0.24	0.09	0.00	0.00
⬇	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.00	0.09	0.00	0.12	0.09	0.16	0.00
⬇	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	1.43	3.60	1.13	0.74	4.72	4.54	2.38
⬇	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	1.57	0.59	1.08	1.28	0.80	0.97	0.15	1.03
⬇	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	8.69	11.98	6.57	7.36	16.50	0.06	10.23
⬇	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78	3.77	2.35	5.90	3.63	4.51	4.59	4.37	3.36
⬇	PSI 13 Postoperative Sepsis Rate	5.97	3.57	4.90	8.30	3.00	0.82	3.65	3.57	2.22
⬇	PSI 14 Postoperative Wound Dehiscence Rate	2.56	1.70	0.00	2.01	1.54	0.00	2.03	0.00	4.34
⬇	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80	1.59	0.00	0.79	0.74	0.00	1.22	1.25	2.54
⬇	CLABSI	0.682	0.334	0.190	1.080	1.132	1.370	1.202	0.722	0.000
⬇	CAUTI	0.938	0.496	0.310	0.997	1.498	3.300	0.824	0.958	1.220
⬇	SSI COLON Surgical Site Infection	1.364	1.282	4.170	1.911	1.515	6.670	0.000	1.333	0.000
⬇	SSI HYST Surgical Site Infection	0.641	0.292	0.000	2.500	0.000	0.000	0.000	1.587	0.000
⬇	MRSA	0.012	0.034	0.120	0.055	0.073	0.170	0.056	0.094	0.130
⬇	CDIFF	0.741	1.056	0.490	0.531	0.496	0.320	0.719	0.740	0.300
	General Information-Structural Measures									
YES	**ACS REGISTRY - Retired**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**SMPART GENSURG General Surgery Registry - Retired**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**SMPART NURSE Nursing Care Registry - Retired**	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	**SMSSCHECK Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP12 HIT Ability electronically receive lab results**	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	**OP17 Tracking Clinical Results Between Visits**	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	**OP25 Outpatient Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SURVEY OF PATIENT'S EXPERIENCE									
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	81.0%	80.0%	77.0%	77.0%	75.0%	82.0%	86.0%	83.0%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	16.0%	13.0%	13.0%	17.0%	17.0%	19.0%	14.0%	13.0%	10.0%
⬇	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	6.0%	7.0%	6.0%	6.0%	6.0%	4.0%	1.0%	6.0%
⬆	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	81.0%	80.0%	77.0%	76.0%	75.0%	84.0%	83.0%	82.0%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15.0%	12.0%	13.0%	18.0%	17.0%	18.0%	14.0%	15.0%	12.0%

BalladHealth

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬇	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	7.0%	7.0%	5.0%	7.0%	7.0%	2.0%	2.0%	6.0%
⬆	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	66.0%	66.0%	65.0%	66.0%	63.0%	61.0%	69.0%	76.0%	66.0%
⬇	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	26.0%	24.0%	24.0%	25.0%	26.0%	28.0%	23.0%	20.0%	22.0%
⬇	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	8.0%	10.0%	11.0%	9.0%	11.0%	11.0%	8.0%	5.0%	11.0%
⬆	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	73.0%	72.0%	--	66.0%	65.0%	--	74.0%	80.0%	--
⬇	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	21.0%	20.0%	--	25.0%	26.0%	--	21.0%	20.0%	--
⬇	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	8.0%	--	9.0%	9.0%	--	5.0%	0.0%	--
⬆	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	67.0%	64.0%	60.0%	60.0%	58.0%	67.0%	75.0%	66.0%
⬇	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	17.0%	16.0%	16.0%	18.0%	18.0%	18.0%	17.0%	13.0%	14.0%
⬇	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	20.0%	17.0%	20.0%	22.0%	22.0%	24.0%	16.0%	12.0%	20.0%
⬆	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	90.0%	87.0%	84.0%	85.6%	86.0%	88.0%	87.0%	89.0%
⬇	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	13.0%	10.0%	13.0%	16.0%	14.4%	14.0%	12.0%	13.0%	11.0%
⬆	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.0%	54.0%	53.0%	48.0%	46.0%	47.0%	53.0%	56.0%	56.0%
⬇	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.0%	42.0%	43.0%	47.0%	47.0%	45.0%	42.0%	41.0%	41.0%
⬇	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	6.0%	4.0%	4.0%	5.0%	7.0%	7.0%	5.0%	3.0%	3.0%
⬆	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	66.0%	67.0%	64.0%	62.0%	65.0%	64.0%	62.0%	85.0%	70.0%
⬇	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	21.0%	19.0%	19.0%	24.0%	20.0%	21.0%	22.0%	12.0%	18.0%
⬇	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	13.0%	14.0%	18.0%	14.0%	15.0%	15.0%	16.0%	3.0%	12.0%

BalladHealth

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	63.0%	65.0%	63.0%	52.0%	50.0%	48.0%	65.0%	68.0%	69.0%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	29.0%	24.0%	26.0%	37.0%	36.0%	36.0%	28.0%	22.0%	22.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	8.0%	11.0%	11.0%	11.0%	14.0%	16.0%	7.0%	10.0%	9.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	7.0%	8.0%	10.0%	13.0%	16.0%	7.0%	7.0%	8.0%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	18.0%	21.0%	24.0%	23.0%	23.0%	16.0%	17.0%	20.0%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	74.0%	75.0%	70.0%	66.0%	64.0%	61.0%	77.0%	76.0%	72.0%
↑	HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	78.0%	80.0%	77.0%	65.0%	63.0%	65.0%	78.0%	80.0%	77.0%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	19.0%	16.0%	20.0%	29.0%	29.0%	30.0%	19.0%	16.0%	21.0%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	4.0%	3.0%	6.0%	8.0%	5.0%	3.0%	4.0%	2.0%
	CATARACT SURGERY OUTCOME %									
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %									
↑	OP29 Avg Risk Polyp Surveillance	--	73.7%	63.0%	67.0%	100.0%	100.0%	57.0%	72.7%	89.0%
↑	OP30 High risk Polyp Surveillance	62.0%	89.1%	97.0%	68.0%	100.0%	86.0%	46.0%	44.7%	53.0%
	HEART ATTACK									
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--	--
	STROKE CARE %									
↑	STK4 Thrombolytic Therapy --RETIRED	--	83.7%	100.0%	--	82.6%	77.0%	--	100.0%	100.0%
	EMERGENCY DEPARTMENT THROUGHPUT									
	EDV Emergency Department Volume	Very High	Very High	Very High	Very High	Very High	Very High	High	High	High
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	340.00	430.00	407.00	245.00	259.00	286.50	255.00	278.50	290.75
↓	ED2b ED Decision to Transport	186.00	176.00	185.50	95.00	91.00	116.00	96.00	84.50	119.75

BalladHealth

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	153.00	165.00	176.50	152.00	152.50	161.50	147.00	153.75	143.25
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	2.1%	1.9%	1.0%	0.9%	1.2%	1.0%	0.4%	0.8%
↑	OP23 Head CT stroke patients	79.0%	88.9%	80.0%	--	66.7%	66.7%	--	100.0%	100.0%
	PREVENTIVE CARE %									
↑	IMM2 Immunization for Influenza	95.0%	98.6%	93.7%	98.0%	98.4%	96.6%	96.0%	99.1%	96.8%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	92.0%	92.0%	92.0%	100.0%	100.0%	100.0%	99.0%	99.0%	100.0%
	BLOOD CLOT PREVENTION / TREATMENT									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	3.0%	2.2%	0.0%	0.0%	2.1%	0.0%	3.0%	0.0%	0.0%
	PREGNANCY AND DELIVERY CARE %									
↓	PC01 Elective Delivery	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	SURGICAL COMPLICATIONS RATE									
↓	Hip and Knee Complications	0.0	--	--	0.026	0.021	0.026	0.0	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	130.24	185.19	118.52	153.53	192.16	183.01	123.34	204.92	94.74
↓	PSI90 Complications / patient safety for selected indicators	1.07	0.80	0.89	0.89	1.16	0.92	0.81	0.81	0.93
	READMISSIONS 30 DAYS RATE%									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	8.5%	13.0%	9.0%	13.5%	14.0%	14.0%	8.9%	12.5%	13.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.0%	8.0%	8.0%	8.7%	12.0%	10.0%	10.0%	6.0%	10.0%
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.7%	21.0%	21.0%	20.1%	20.0%	17.0%	20.1%	22.0%	21.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	4.2%	4.0%	3.0%	3.0%	3.0%	3.0%	1.8%	5.0%	4.0%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.7%	12.0%	10.1%	10.6%	13.0%	12.3%	13.1%	12.0%	11.7%
↓	READM30 STK Stroke 30day readmission rate	14.6%	10.0%	9.0%	9.4%	9.0%	12.0%	13.4%	10.0%	7.0%
↓	READM30HF Heart Failure 30Day readmissions rate	21.6%	22.0%	19.8%	22.6%	26.0%	25.7%	22.6%	23.0%	23.1%
↓	READM30PN Pneumonia 30day readmission rate	19.4%	17.0%	15.0%	18.8%	18.0%	16.0%	14.7%	20.0%	16.0%
	MORTALITY 30 DAYS DEATH RATE %									
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	1.4%	2.4%	1.0%	1.2%	2.8%	3.0%	3.3%	2.3%	0.0%
↓	MORT30 COPD 30day mortality rate COPD patients	1.4%	2.3%	3.0%	2.3%	3.1%	3.0%	0.0%	2.2%	3.0%

BalladHealth

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	2.4%	3.0%	4.8%	3.6%	3.0%	3.8%	3.5%	5.0%
↓	MORT30HF Heart failure 30day mortality rate	3.8%	2.6%	2.0%	4.2%	5.0%	6.0%	3.7%	1.6%	3.0%
↓	MORT30PN Pneumonia 30day mortality rate	2.6%	5.4%	5.0%	5.1%	5.4%	6.0%	3.4%	3.9%	5.0%
↓	MORT30STK Stroke 30day mortality rate	17.4%	3.3%	3.0%	7.7%	7.9%	9.0%	15.0%	2.9%	2.0%
	USE OF MEDICAL IMAGING OUTPATIENT									
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	43.1%	43.1%	--	35.4%	35.4%	--	43.2%	43.2%	--
	OP9 Mammography Followup Rates - Annual	2.9%	2.9%	--	5.8%	5.8%	--	9.1%	9.1%	--
	OP10 Abdomen CT Use of Contrast Material - Annual	14.3%	14.3%	--	4.6%	4.6%	--	4.0%	4.0%	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.0%	0.0%	--	0.2%	0.2%	--	0.2%	0.2%	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	4.4%	4.4%	--	2.9%	2.9%	--	4.0%	4.0%	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	1.0%	1.0%	--	2.8%	2.8%	--	0.8%	0.8%	--

BalladHealth

Desired Performance	Metric Rate	Indian Path Community Hospital			Laughlin Memorial Hospital			Sycamore Shoals Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬇	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00	0.18	--	--	0.19	0.00	0.00
⬇	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.26	0.00	0.38	--	--	0.38	0.00	0.00
⬇	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.14	0.34	0.00	0.15	--	--	0.00	0.00	0.00
⬇	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	--	--	0.10	0.00	0.00
⬇	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	4.52	--	--	4.66	0.00	0.00
⬇	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	1.10	--	--	1.11	0.00	0.00
⬇	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	8.98	--	--	13.37	4.63	0.00
⬇	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	4.30	6.49	5.06	--	--	3.98	4.57	0.00
⬇	PSI 13 Postoperative Sepsis Rate	5.90	10.23	8.20	5.43	--	--	6.67	4.65	9.26
⬇	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	2.21	--	--	--	0.00	0.00
⬇	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00	0.86	--	--	--	0.00	0.00
⬇	CLABSI	0.000	0.000	0.000	0.000	0.000	1.660	0.900	1.088	0.000
⬇	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.460	0.000
⬇	SSI COLON Surgical Site Infection	0.000	1.695	0.000	2.326	1.538	0.000	3.226	3.125	5.880
⬇	SSI HYST Surgical Site Infection	7.143	0.000	0.000	0.000	--	--	0.000	0.000	0.000
⬇	MRSA	0.080	0.048	0.000	0.000	0.000	0.000	0.067	0.134	0.150
⬇	CDIFF	0.813	0.507	0.760	0.441	0.223	0.180	0.604	0.672	0.610
	General Information-Structural Measures									
YES	**ACS REGISTRY - Retired**	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
YES	**SMPART GENSURG General Surgery Registry - Retired**	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
YES	**SMPART NURSE Nursing Care Registry - Retired**	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
YES	**SMSSCHECK Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP12 HIT Ability electronically receive lab results**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP17 Tracking Clinical Results Between Visits**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP25 Outpatient Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SURVEY OF PATIENT'S EXPERIENCE									
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	80.0%	81.0%	81.0%	--	70.0%	85.0%	78.0%	82.0%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	16.0%	13.0%	16.0%	--	24.0%	12.0%	17.0%	15.0%
⬇	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	5.0%	3.0%	--	6.0%	3.0%	5.0%	3.0%
⬆	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	83.0%	82.0%	85.0%	--	80.0%	86.0%	80.0%	84.0%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	10.0%	13.0%	13.0%	13.0%	--	16.0%	11.0%	15.0%	12.0%

BalladHealth

Desired Performance	Metric Rate	Indian Path Community Hospital			Laughlin Memorial Hospital			Sycamore Shoals Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5.0%	4.0%	5.0%	2.0%	--	5.0%	3.0%	5.0%	4.0%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	65.0%	66.0%	62.0%	73.0%	--	57.0%	82.0%	69.0%	77.0%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	25.0%	25.0%	28.0%	22.0%	--	30.0%	13.0%	22.0%	16.0%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10.0%	9.0%	10.0%	5.0%	--	13.0%	5.0%	9.0%	6.0%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	72.0%	75.0%	--	70.0%	--	--	75.0%	67.0%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	22.0%	21.0%	--	22.0%	--	--	19.0%	26.0%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	4.0%	--	8.0%	--	--	6.0%	7.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	64.0%	68.0%	61.0%	--	56.0%	73.0%	64.0%	71.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	18.0%	17.0%	16.0%	20.0%	--	21.0%	14.0%	16.0%	15.0%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	19.0%	19.0%	17.0%	19.0%	--	23.0%	13.0%	20.0%	14.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	88.0%	88.0%	--	81.0%	86.0%	86.0%	87.0%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	13.0%	12.0%	12.0%	--	19.0%	14.0%	14.0%	13.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	51.0%	51.0%	50.0%	--	39.0%	59.0%	45.0%	50.0%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.0%	44.0%	40.0%	45.0%	--	55.0%	38.0%	45.0%	46.0%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	5.0%	5.0%	5.0%	5.0%	--	6.0%	3.0%	9.0%	4.0%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	74.0%	81.0%	85.0%	70.0%	--	62.0%	82.0%	81.0%	81.0%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	16.0%	14.0%	10.0%	18.0%	--	24.0%	13.0%	13.0%	14.0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10.0%	5.0%	5.0%	12.0%	--	14.0%	5.0%	6.0%	5.0%

BalladHealth

Desired Performance	Metric Rate	Indian Path Community Hospital			Laughlin Memorial Hospital			Sycamore Shoals Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.0%	66.0%	61.0%	61.0%	--	56.0%	73.0%	65.0%	70.0%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	28.0%	27.0%	32.0%	30.0%	--	35.0%	23.0%	28.0%	24.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.0%	7.0%	8.0%	9.0%	--	9.0%	4.0%	7.0%	6.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.0%	8.0%	6.0%	6.0%	--	16.0%	4.0%	8.0%	7.0%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	16.0%	22.0%	17.0%	--	24.0%	17.0%	21.0%	16.0%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.0%	76.0%	71.0%	77.0%	--	60.0%	79.0%	71.0%	78.0%
↑	HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	78.0%	79.0%	77.0%	76.0%	--	50.0%	78.0%	71.0%	75.0%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	17.0%	16.0%	18.0%	22.0%	--	40.0%	18.0%	23.0%	20.0%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5.0%	5.0%	4.0%	2.0%	--	8.0%	4.0%	6.0%	3.0%
	CATARACT SURGERY OUTCOME %									
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %									
↑	OP29 Avg Risk Polyp Surveillance	--	100.0%	100.0%	86.0%	--	--	100.0%	100.0%	100.0%
↑	OP30 High risk Polyp Surveillance	73.0%	100.0%	83.0%	89.0%	0.0%	--	75.0%	84.2%	100.0%
	HEART ATTACK									
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--	--
	STROKE CARE %									
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
	EMERGENCY DEPARTMENT THROUGHPUT									
	EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	220.00	219.50	199.50	206.00	194.00	223.00	210.00	221.25	213.00
↓	ED2b ED Decision to Transport	78.00	65.75	116.00	48.90	55.50	83.00	69.00	75.50	70.50

BalladHealth

Desired Performance	Metric Rate	Indian Path Community Hospital			Laughlin Memorial Hospital			Sycamore Shoals Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	121.00	130.75	122.25	124.00	109.00	124.50	124.00	125.25	122.00
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.9%	1.3%	1.0%	0.6%	1.1%	1.0%	0.7%	0.6%
↑	OP23 Head CT stroke patients	--	55.6%	66.7%	100.0%	100.0%	100.0%	--	66.7%	80.0%
	PREVENTIVE CARE %									
↑	IMM2 Immunization for Influenza	99.0%	99.6%	100.0%	96.0%	98.3%	88.4%	98.0%	99.7%	98.1%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	98.0%	98.0%	98.0%	99.0%	99.0%	99.0%	98.0%	98.0%	98.0%
	BLOOD CLOT PREVENTION / TREATMENT									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	0.0%	0.0%	--	0.0%	25.0%	--	0.0%	--
	PREGNANCY AND DELIVERY CARE %									
↓	PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--	--	--
	SURGICAL COMPLICATIONS RATE									
↓	Hip and Knee Complications	0.0	0.1	0.1	0.0	--	--	0.040	0.067	0.047
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	135.61	68.18	37.04	135.88	147.65	--	125.00	125.00	222.22
↓	PSI90 Complications / patient safety for selected indicators	0.87	1.00	0.98	1.09	0.98	--	0.87	0.99	1.00
	READMISSIONS 30 DAYS RATE%									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	10.4%	12.0%	4.0%	16.6%	18.1%	--	17.9%	0.0%	38.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.4%	14.0%	11.0%	19.8%	--	--	14.6%	19.0%	18.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.4%	2.0%	9.0%	3.8%	--	--	3.3%	5.0%	9.0%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.5%	10.0%	7.4%	16.3%	--	--	10.4%	15.0%	15.7%
↓	READM30 STK Stroke 30day readmission rate	6.2%	8.0%	13.0%	12.1%	--	--	7.2%	17.0%	14.0%
↓	READM30HF Heart Failure 30Day readmissions rate	18.1%	16.0%	16.1%	24.2%	--	--	7.2%	25.0%	17.1%
↓	READM30PN Pneumonia 30day readmission rate	14.8%	14.0%	16.0%	18.3%	--	--	--	15.0%	10.0%
	MORTALITY 30 DAYS DEATH RATE %									
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	2.0%	1.5%	4.0%	6.9%	0.0%	--	0.7%	2.9%	3.0%

BalladHealth

Desired Performance	Metric Rate	Indian Path Community Hospital			Laughlin Memorial Hospital			Sycamore Shoals Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	3.8%	0.0%	14.7%	0.0%	--	10.0%	3.6%	10.0%
↓	MORT30HF Heart failure 30day mortality rate	2.2%	1.8%	5.0%	15.4%	1.0%	--	3.5%	2.6%	1.0%
↓	MORT30PN Pneumonia 30day mortality rate	2.0%	4.0%	2.0%	19.9%	0.0%	--	3.8%	3.5%	2.0%
↓	MORT30STK Stroke 30day mortality rate	3.3%	0.0%	0.0%	14.1%	0.0%	--	0.0%	2.9%	10.0%
	USE OF MEDICAL IMAGING OUTPATIENT									
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	47.8%	47.8%	--	--	--	--
	OP9 Mammography Followup Rates - Annual	5.6%	5.6%	--	17.7%	17.7%	--	7.2%	7.2%	--
	OP10 Abdomen CT Use of Contrast Material - Annual	7.9%	7.9%	--	7.1%	7.1%	--	3.2%	3.2%	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.0%	0.0%	--	3.2%	3.2%	--	0.5%	0.5%	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	1.5%	1.5%	--	4.1%	4.1%	--	0.0%	0.0%	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	--	--	--	2.0%	2.0%	--	1.2%	1.2%	--

BalladHealth

Desired Performance	Metric Rate	Franklin Woods Community Hospital			Takoma Regional Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬇	PSI 3 Pressure Ulcer Rate	0.20	0.00	0.00	0.21	--	0.00	0.23	0.00	0.00
⬇	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.24	0.00	0.45	--	0.00	0.39	0.00	0.00
⬇	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.15	0.00	0.00	0.00	--	0.00	--	0.00	0.00
⬇	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.24	0.00	0.12	--	0.00	0.10	0.00	0.00
⬇	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.45	5.33	4.98	--	0.00	0.00	--	0.00
⬇	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	1.11	--	0.00	--	--	0.00
⬇	PSI 11 Postoperative Respiratory Failure Rate	12.09	17.02	9.26	12.51	--	0.00	--	--	0.00
⬇	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	2.34	5.01	5.47	--	0.00	--	--	0.00
⬇	PSI 13 Postoperative Sepsis Rate	6.54	8.35	0.00	5.66	--	22.73	--	--	0.00
⬇	PSI 14 Postoperative Wound Dehiscence Rate	2.16	1.79	0.00	2.21	--	0.00	--	--	0.00
⬇	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.85	0.87	0.00	0.87	--	0.00	--	12.99	0.00
⬇	CLABSI	0.000	0.910	0.000	0.000	1.149	2.910	0.000	0.000	0.000
⬇	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000	0.000	1.623	0.000
⬇	SSI COLON Surgical Site Infection	1.504	5.109	4.170	0.000	2.222	0.000	0.000	0.000	--
⬇	SSI HYST Surgical Site Infection	0.000	1.198	0.000	0.000	0.000	--	--	--	--
⬇	MRSA	0.039	0.000	0.090	0.000	0.000	0.280	0.000	0.000	0.000
⬇	CDIFF	0.259	0.252	0.490	0.124	0.415	0.000	0.000	0.260	0.580
	General Information-Structural Measures									
YES	**ACS REGISTRY - Retired**	Yes	Yes	Yes	No	No	No	No	No	No
YES	**SMPART GENSURG General Surgery Registry - Retired**	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
YES	**SMPART NURSE Nursing Care Registry - Retired**	Yes	Yes	Yes	No	No	No	No	No	No
YES	**SMSSCHECK Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP12 HIT Ability electronically receive lab results**	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
YES	**OP17 Tracking Clinical Results Between Visits**	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	**OP25 Outpatient Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SURVEY OF PATIENT'S EXPERIENCE									
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	84.0%	82.0%	83.0%	84.0%	87.0%	87.0%	84.0%	85.0%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.0%	12.0%	14.0%	14.0%	10.0%	10.0%	11.0%	11.0%	12.0%
⬇	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	4.0%	4.0%	3.0%	6.0%	3.0%	2.0%	5.0%	3.0%
⬆	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	82.0%	83.0%	78.0%	82.0%	84.0%	92.0%	80.0%	79.0%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15.0%	14.0%	13.0%	15.0%	10.0%	10.0%	7.0%	10.0%	14.0%

BalladHealth

Desired Performance	Metric Rate	Franklin Woods Community Hospital			Takoma Regional Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	4.0%	4.0%	4.0%	7.0%	7.0%	6.0%	1.0%	10.0%	7.0%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.0%	72.0%	68.0%	71.0%	73.0%	81.0%	78.0%	76.0%	75.0%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	21.0%	21.0%	22.0%	24.0%	20.0%	14.0%	20.0%	16.0%	16.0%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	7.0%	7.0%	10.0%	5.0%	7.0%	5.0%	2.0%	8.0%	9.0%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	76.0%	73.0%	--	73.0%	73.0%	--	81.0%	68.0%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19.0%	22.0%	--	20.0%	17.0%	--	13.0%	18.0%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	5.0%	5.0%	--	7.0%	10.0%	--	6.0%	14.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	70.0%	68.0%	63.0%	70.0%	72.0%	83.0%	70.0%	77.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	15.0%	16.0%	21.0%	12.0%	12.0%	10.0%	17.0%	4.0%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	15.0%	17.0%	16.0%	18.0%	16.0%	7.0%	13.0%	19.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	87.0%	87.0%	91.0%	91.0%	92.0%	92.0%	87.0%	83.0%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.0%	13.0%	13.0%	9.0%	9.0%	8.0%	8.0%	13.0%	17.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0%	52.0%	60.0%	56.0%	55.0%	58.0%	55.0%	51.0%	50.0%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	34.0%	41.0%	38.0%	40.0%	36.0%	37.0%	41.0%	45.0%	44.0%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	5.0%	7.0%	4.0%	4.0%	3.0%	5.0%	4.0%	4.0%	6.0%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	83.0%	84.0%	77.0%	77.0%	76.0%	78.0%	86.0%	78.0%	77.0%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	13.0%	11.0%	17.0%	14.0%	15.0%	13.0%	9.0%	10.0%	19.0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	4.0%	5.0%	7.0%	9.0%	10.0%	9.0%	5.0%	12.0%	4.0%

BalladHealth

Desired Performance

Metric Rate

	Franklin Woods Community Hospital			Takoma Regional Hospital			Hawkins County Memorial Hospital		
	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
Quality Target Measures									
↑ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	74.0%	72.0%	71.0%	66.0%	78.0%	73.0%	74.0%	76.0%	74.0%
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	22.0%	19.0%	26.0%	28.0%	14.0%	21.0%	21.0%	14.0%	19.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	4.0%	9.0%	3.0%	6.0%	8.0%	5.0%	5.0%	9.0%	7.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	4.0%	5.4%	6.0%	7.0%	8.0%	4.0%	5.0%	9.0%	5.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	14.0%	13.7%	17.0%	16.0%	13.0%	18.0%	21.0%	19.0%	28.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	82.0%	80.8%	77.0%	77.0%	79.0%	78.0%	74.0%	72.0%	67.0%
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	85.0%	72.0%	81.0%	78.0%	77.0%	78.0%	76.0%	67.0%	67.0%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	13.0%	23.0%	15.0%	19.0%	17.0%	18.0%	21.0%	28.0%	27.0%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	2.0%	5.0%	4.0%	3.0%	6.0%	2.0%	3.0%	5.0%	5.0%
CATARACT SURGERY OUTCOME %									
↑ OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %									
↑ OP29 Avg Risk Polyp Surveillance	78.0%	100.0%	55.0%	91.0%	68.3%	84.0%	97.0%	100.0%	100.0%
↑ OP30 High risk Polyp Surveillance	100.0%	96.9%	100.0%	83.0%	55.3%	86.0%	95.0%	96.6%	93.0%
HEART ATTACK									
↓ OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--	--
STROKE CARE %									
↑ STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT									
EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	234.00	240.00	249.75	221.00	275.00	286.00	175.00	214.25	225.00
↓ ED2b ED Decision to Transport	70.00	73.50	66.00	29.00	40.25	52.00	49.00	46.50	69.00

BalladHealth

Desired Performance	Metric Rate	Franklin Woods Community Hospital			Takoma Regional Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	130.00	147.50	153.75	139.00	164.00	154.00	80.00	86.00	85.00
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.6%	0.9%	1.0%	1.3%	0.1%	0.0%	0.1%	0.3%
↑	OP23 Head CT stroke patients	--	100.0%	100.0%	--	--	66.7%	--	--	100.0%
	PREVENTIVE CARE %									
↑	IMM2 Immunization for Influenza	99.0%	99.6%	100.0%	100.0%	97.6%	90.9%	97.0%	100.0%	100.0%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	98.0%	98.0%	98.0%	96.0%	96.0%	96.0%	98.0%	98.0%	98.0%
	BLOOD CLOT PREVENTION / TREATMENT									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	14.3%	0.0%	--	--	0.0%	--	--	--
	PREGNANCY AND DELIVERY CARE %									
↓	PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	--	--	--
	SURGICAL COMPLICATIONS RATE									
↓	Hip and Knee Complications	--	--	--	--	--	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	154.45	27.03	37.04	--	--	0.00	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	0.82	0.91	0.97	1.05	1.17	0.90	0.88	0.96	1.00
	READMISSIONS 30 DAYS RATE%									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	3.6%	0.0%	100.0%	--	--	--	--	0.0%	0.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	10.1%	20.0%	15.0%	19.1%	3.0%	2.0%	18.6%	11.0%	5.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	4.5%	7.0%	--	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	4.6%	10.0%	8.7%	15.2%	4.0%	4.4%	14.6%	14.0%	12.3%
↓	READM30 STK Stroke 30day readmission rate	0.0%	0.0%	0.0%	12.2%	0.0%	20.0%	--	11.0%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	9.7%	33.0%	36.1%	21.3%	9.0%	4.8%	21.1%	15.0%	23.1%
↓	READM30PN Pneumonia 30day readmission rate	16.3%	16.0%	12.0%	17.1%	12.0%	12.0%	16.8%	11.0%	18.0%
	MORTALITY 30 DAYS DEATH RATE %									
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	2.6%	1.1%	3.0%	8.9%	0.9%	--	0.0%	0.0%	0.0%

BalladHealth

Desired Performance

Metric Rate

	Franklin Woods Community Hospital			Takoma Regional Hospital			Hawkins County Memorial Hospital		
	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
Quality Target Measures									
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	0.0%	0.0%	--	--	--	--	0.0%	0.0%
MORT30HF Heart failure 30day mortality rate	2.1%	2.5%	0.0%	12.5%	2.6%	--	0.0%	1.4%	0.0%
MORT30PN Pneumonia 30day mortality rate	2.0%	2.7%	4.0%	14.1%	5.2%	--	2.6%	7.4%	0.0%
MORT30STK Stroke 30day mortality rate	--	--	0.0%	15.1%	4.0%	--	--	--	0.0%
USE OF MEDICAL IMAGING OUTPATIENT									
OP8 MRI Lumbar Spine for Low Back Pain - Annual	33.9%	33.9%	--	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual	--	--	--	17.7%	17.7%	--	3.7%	3.7%	--
OP10 Abdomen CT Use of Contrast Material - Annual	12.7%	12.7%	--	6.9%	6.9%	--	6.0%	6.0%	--
OP11 Thorax CT Use of Contrast Material - Annual	0.0%	0.0%	--	1.3%	1.3%	--	3.2%	3.2%	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	1.6%	1.6%	--	9.4%	9.4%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	--	--	--	--	--	--	--	--	--

BalladHealth

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	PSI 3 Pressure Ulcer Rate	0.97	0.00	0.00	0.20	0.00	0.00	0.21	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	0.34	0.38	0.54	0.00	0.44	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.13	0.00	0.53	0.15	0.00	0.00	0.16	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.16	0.37	0.10	0.00	0.00	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	4.96	0.00	0.00	4.69	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	2.92	5.56	1.10	0.00	0.00	1.12	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	6.06	12.33	15.87	0.00	10.64	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	5.79	3.23	5.39	0.00	0.00	4.14	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	6.59	0.00	0.00	5.59	0.00	0.00	5.82	0.00	29.41
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00	0.00	2.21	0.00	0.00	2.23	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.83	0.00	1.94	0.87	0.00	0.00	0.87	0.00	0.00
↓	CLABSI	0.008	0.000	0.770	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.810	0.000	0.000	0.840	0.000	1.214	0.000
↓	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000	5.556	0.000	0.000
↓	MRSA	0.000	0.000	0.070	0.000	0.000	0.210	0.000	0.000	0.000
↓	CDIFF	1.052	0.550	0.000	0.265	0.301	0.000	0.315	0.371	0.710
	General Information-Structural Measures									
YES	**ACS REGISTRY - Retired**	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
YES	**SMPART GENSURG General Surgery Registry - Retired**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
YES	**SMPART NURSE Nursing Care Registry - Retired**	No	No	Yes	No	No	Yes	No	No	No
YES	**SMSSCHECK Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP12 HIT Ability electronically receive lab results**	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	**OP17 Tracking Clinical Results Between Visits**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
YES	**OP25 Outpatient Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
	SURVEY OF PATIENT'S EXPERIENCE									
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	77.0%	78.0%	82.0%	83.0%	85.0%	83.0%	83.0%	85.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	17.0%	18.0%	16.0%	14.0%	14.0%	12.0%	12.0%	9.0%	10.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	6.0%	5.0%	6.0%	4.0%	4.0%	3.0%	5.0%	8.0%	6.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	79.0%	81.0%	85.0%	82.0%	82.0%	82.0%	83.0%	85.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	14.0%	16.0%	14.0%	11.0%	15.0%	13.0%	13.0%	10.0%	9.0%

BalladHealth

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.0%	5.0%	5.0%	4.0%	3.0%	5.0%	5.0%	7.0%	6.0%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	60.0%	53.0%	61.0%	70.0%	66.0%	71.0%	72.0%	79.0%	79.0%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	27.0%	32.0%	26.0%	22.0%	24.0%	20.0%	20.0%	14.0%	11.0%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	13.0%	15.0%	13.0%	8.0%	10.0%	9.0%	8.0%	7.0%	10.0%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	68.0%	62.0%	--	71.0%	60.0%	--	75.0%	79.0%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	23.0%	26.0%	--	22.0%	31.0%	--	18.0%	11.0%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	9.0%	11.0%	--	7.0%	9.0%	--	7.0%	10.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	60.0%	61.0%	66.0%	65.0%	67.0%	71.0%	76.0%	74.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	20.0%	19.0%	14.0%	18.0%	12.0%	13.0%	11.0%	10.0%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	23.0%	20.0%	21.0%	20.0%	17.0%	21.0%	16.0%	13.0%	16.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	86.0%	88.0%	80.0%	84.0%	86.0%	86.0%	86.0%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	13.0%	14.0%	12.0%	20.0%	16.0%	14.0%	14.0%	14.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	49.0%	46.0%	50.0%	53.0%	45.0%	53.0%	51.0%	47.0%	49.0%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	45.0%	47.0%	45.0%	42.0%	48.0%	40.0%	44.0%	47.0%	45.0%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	6.0%	6.0%	5.0%	5.0%	6.0%	6.0%	5.0%	6.0%	5.0%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	68.0%	68.0%	78.0%	71.0%	77.0%	77.0%	72.0%	80.0%	85.0%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	20.0%	19.0%	15.0%	18.0%	15.0%	16.0%	17.0%	12.0%	9.0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	12.0%	13.0%	7.0%	11.0%	8.0%	8.0%	11.0%	8.0%	7.0%

BalladHealth

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	60.0%	61.0%	65.0%	61.0%	57.0%	60.0%	66.0%	74.0%	78.0%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	32.0%	31.0%	27.0%	28.0%	33.0%	29.0%	27.0%	18.0%	13.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	8.0%	8.0%	7.0%	11.0%	10.0%	12.0%	7.0%	8.0%	9.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	12.0%	11.0%	11.0%	8.0%	10.0%	14.0%	7.0%	7.0%	6.0%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	20.0%	21.0%	20.0%	19.0%	20.0%	14.0%	23.0%	23.0%	20.0%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	68.0%	68.0%	69.0%	73.0%	70.0%	73.0%	70.0%	69.0%	74.0%
↑	HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	65.0%	65.0%	68.0%	73.0%	66.0%	68.0%	70.0%	72.0%	72.0%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	28.0%	28.0%	27.0%	21.0%	28.0%	27.0%	24.0%	22.0%	20.0%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	7.0%	7.0%	4.0%	6.0%	6.0%	4.0%	6.0%	6.0%	6.0%
	CATARACT SURGERY OUTCOME %									
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %									
↑	OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	100.0%	13.0%	100.0%	100.0%	31.0%	29.7%	18.0%
↑	OP30 High risk Polyp Surveillance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	70.0%	60.0%	66.0%
	HEART ATTACK									
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	100.0%	--	--	94.0%	--	--	95.0%	--	--
	STROKE CARE %									
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
	EMERGENCY DEPARTMENT THROUGHPUT									
	EDV Emergency Department Volume	High	High	High	Medium	Medium	Medium	Medium	Medium	Medium
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	272.00	251.00	237.50	244.00	225.00	228.25	213.00	241.50	251.25
↓	ED2b ED Decision to Transport	112.00	89.50	73.50	69.00	60.25	59.50	53.00	56.50	68.00

BalladHealth

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	143.00	151.50	135.25	154.00	144.75	140.25	120.00	129.00	118.75
↓	OP20 Door to Diagnostic Evaluation RETIRED	11.00	--	--	14.00	--	--	23.00	--	--
↓	OP21 Time to pain medicaton for long bone fractures RETIRED	28.00	--	--	53.00	--	--	64.00	--	--
↑	OP22 Left without being seen	1.0%	0.2%	1.0%	1.0%	0.2%	0.3%	0.0%	0.1%	0.2%
↑	OP23 Head CT stroke patients	75.0%	73.3%	60.0%	--	57.1%	80.0%	--	57.1%	80.0%
	PREVENTIVE CARE %									
↑	IMM2 Immunization for Influenza	97.0%	96.2%	93.2%	99.0%	99.0%	100.0%	96.0%	99.0%	97.6%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	99.0%	99.0%	99.0%	97.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	BLOOD CLOT PREVENTION / TREATMENT									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	0.0%	0.0%	0.0%	--	0.0%	0.0%	--	0.0%	--
	PREGNANCY AND DELIVERY CARE %									
↓	PC01 Elective Delivery	0.0%	3.6%	0.0%	0.0%	0.0%	5.9%	5.0%	0.0%	--
	SURGICAL COMPLICATIONS RATE									
↓	Hip and Knee Complications	0.032	0.055	0.000	--	--	--	0.0	0.0	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	147.36	206.35	63.83	--	150.00	0.00	--	--	0.00
↓	PSI90 Complications / patient safety for selected indicators	0.75	--	0.97	0.89	--	0.97	0.89	0.97	1.00
	READMISSIONS 30 DAYS RATE%									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.1%	8.0%	15.0%	2.4%	5.9%	14.0%	17.2%	--	0.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	16.6%	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	16.6%	24.0%	22.0%	14.8%	19.0%	16.0%	28.4%	15.0%	9.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7.3%	2.0%	2.0%	0.0%	0.0%	0.0%	--	11.0%	22.0%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	11.5%	14.0%	12.3%	9.2%	12.0%	10.9%	16.5%	13.0%	10.0%
↓	READM30 STK Stroke 30day readmission rate	9.9%	14.0%	13.0%	10.0%	12.0%	0.0%	--	0.0%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	16.6%	24.0%	17.5%	20.1%	14.0%	19.4%	32.5%	31.0%	20.5%
↓	READM30PN Pneumonia 30day readmission rate	18.9%	16.0%	19.0%	16.1%	14.0%	13.0%	24.8%	25.0%	11.0%
	MORTALITY 30 DAYS DEATH RATE %									
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	0.7%	3.3%	5.0%	0.7%	1.0%	0.0%	1.2%	2.9%	0.0%

BalladHealth

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.6%	5.4%	2.0%	8.9%	7.7%	0.0%	2.8%	5.9%	11.0%
↓	MORT30HF Heart failure 30day mortality rate	2.3%	4.0%	1.0%	1.4%	3.3%	5.0%	6.1%	0.0%	0.0%
↓	MORT30PN Pneumonia 30day mortality rate	4.2%	4.8%	7.0%	1.6%	2.5%	1.0%	2.1%	2.1%	2.0%
↓	MORT30STK Stroke 30day mortality rate	2.4%	6.0%	2.0%	2.5%	1.6%	5.0%	14.5%	0.0%	0.0%
	USE OF MEDICAL IMAGING OUTPATIENT									
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	35.4%	35.4%	--	42.9%	42.9%	--	47.7%	47.7%	--
	OP9 Mammography Followup Rates - Annual	3.4%	3.4%	--	3.2%	3.2%	--	5.2%	5.2%	--
	OP10 Abdomen CT Use of Contrast Material - Annual	2.0%	2.0%	--	4.7%	4.7%	--	9.4%	9.4%	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.8%	0.8%	--	0.8%	0.8%	--	3.9%	3.9%	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	4.7%	4.7%	--	2.6%	2.6%	--	5.5%	5.5%	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	1.0%	1.0%	--	0.5%	0.5%	--	1.4%	1.4%	--

BalladHealth

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital			Unicoi County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬇	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00	0.24	0.00	0.00	0.24	--	--
⬇	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.39	0.00	0.00	0.39	--	--
⬇	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.16	0.00	0.00	0.17	0.00	0.00	--	--	--
⬇	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	0.00	0.00	0.10	--	--
⬇	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	4.75	--	--
⬇	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	--	0.00	--	--	--	--
⬇	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	--	0.00	--	--	--	--
⬇	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	5.98	0.00	--	0.00	0.00	4.26	--	--
⬇	PSI 13 Postoperative Sepsis Rate	5.81	0.00	0.00	--	250.00	--	--	--	--
⬇	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	--	0.00	0.00	--	--	--
⬇	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	--	0.00	0.00	--	--	--
⬇	CLABSI	0.000	0.000	0.000	0.000	4.785	0.000	0.000	0.000	0.000
⬇	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
⬇	SSI COLON Surgical Site Infection	16.667	0.000	0.000	--	--	--	--	--	--
⬇	SSI HYST Surgical Site Infection	0.000	0.000	--	--	--	--	--	--	--
⬇	MRSA	0.000	0.000	0.000	0.000	0.310	0.000	0.000	0.000	0.000
⬇	CDIFF	0.174	0.331	0.000	0.498	0.621	0.750	0.000	0.000	0.000
	General Information-Structural Measures									
YES	**ACS REGISTRY - Retired**	Yes	Yes	Yes	No	No	No	No	No	No
YES	**SMPART GENSURG General Surgery Registry - Retired**	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
YES	**SMPART NURSE Nursing Care Registry - Retired**	No	No	Yes	No	No	No	No	No	No
YES	**SMSSCHECK Safe Surgery Checklist**	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
YES	**OP12 HIT Ability electronically receive lab results**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP17 Tracking Clinical Results Between Visits**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	**OP25 Outpatient Safe Surgery Checklist**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SURVEY OF PATIENT'S EXPERIENCE									
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	86.0%	83.0%	87.0%	90.0%	88.0%	79.0%	86.0%	82.0%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.0%	11.0%	15.0%	9.0%	6.0%	11.0%	18.0%	13.0%	15.0%
⬇	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	3.0%	2.0%	4.0%	4.0%	1.0%	3.0%	1.0%	3.0%
⬆	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	88.0%	84.0%	89.0%	88.0%	81.0%	80.0%	83.0%	86.0%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	9.0%	9.0%	14.0%	8.0%	7.0%	17.0%	12.0%	15.0%	14.0%

BalladHealth

Desired Performance | Metric Rate

	Smyth County Community Hospital			Russell County Hospital			Unicoi County Hospital		
	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
Quality Target Measures									
⬇ HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	3.0%	3.0%	3.0%	4.0%	3.0%	8.0%	2.0%	0.0%
⬆ HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	76.0%	73.0%	68.0%	78.0%	77.0%	79.0%	71.0%	76.0%	75.0%
⬇ HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	18.0%	19.0%	24.0%	17.0%	19.0%	18.0%	23.0%	19.0%	19.0%
⬇ HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.0%	8.0%	8.0%	5.0%	4.0%	3.0%	6.0%	5.0%	6.0%
⬆ HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	73.0%	80.0%	--	79.0%	71.0%	--	71.0%	80.0%	--
⬇ HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	22.0%	17.0%	--	17.0%	21.0%	--	25.0%	20.0%	--
⬇ HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	5.0%	3.0%	--	4.0%	8.0%	--	4.0%	0.0%	--
⬆ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	66.0%	68.0%	73.0%	64.0%	76.0%	68.0%	75.0%	57.0%
⬇ HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	16.0%	12.0%	14.0%	17.0%	15.0%	12.0%	13.0%	28.0%
⬇ HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	11.0%	18.0%	20.0%	13.0%	19.0%	10.0%	20.0%	12.0%	15.0%
⬆ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	89.0%	88.0%	86.0%	82.0%	89.0%	76.0%	87.0%	81.0%
⬇ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	9.0%	11.0%	12.0%	14.0%	18.0%	11.0%	24.0%	13.0%	19.0%
⬆ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0%	53.0%	54.0%	50.0%	46.0%	49.0%	47.0%	56.0%	49.0%
⬇ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	37.0%	44.0%	41.0%	47.0%	48.0%	49.0%	48.0%	41.0%	46.0%
⬇ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	2.0%	3.0%	5.0%	3.0%	6.0%	1.0%	5.0%	3.0%	4.0%
⬆ HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	75.0%	84.0%	84.0%	76.0%	82.0%	67.0%	72.0%	85.0%	84.0%
⬇ HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	8.0%	11.0%	11.0%	16.0%	14.0%	27.0%	23.0%	12.0%	14.0%
⬇ HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	17.0%	5.0%	5.0%	8.0%	4.0%	6.0%	5.0%	3.0%	3.0%

BalladHealth

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital			Unicoi County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	72.0%	67.0%	62.0%	64.0%	65.0%	68.0%	68.0%	72.0%	75.0%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	24.0%	28.0%	32.0%	30.0%	30.0%	22.0%	23.0%	19.0%	19.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	4.0%	5.0%	6.0%	6.0%	5.0%	10.0%	9.0%	9.0%	6.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	5.0%	5.0%	11.0%	9.0%	6.0%	4.0%	12.0%	4.4%	8.0%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.0%	12.0%	10.0%	32.0%	18.0%	20.0%	21.0%	21.6%	5.0%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	77.0%	83.0%	80.0%	59.0%	76.0%	76.0%	67.0%	74.0%	86.0%
↑	HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	75.0%	75.0%	70.0%	61.0%	72.0%	65.0%	62.0%	72.0%	79.0%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	22.0%	22.0%	25.0%	35.0%	23.0%	31.0%	28.0%	23.0%	16.0%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	3.0%	2.0%	4.0%	5.0%	2.0%	10.0%	5.0%	5.0%
	CATARACT SURGERY OUTCOME %									
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %									
↑	OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	97.0%	0.0%	45.5%	14.0%	0.0%	33.0%	0.0%
↑	OP30 High risk Polyp Surveillance	100.0%	95.8%	100.0%	--	85.7%	67.0%	27.0%	0.0%	0.0%
	HEART ATTACK									
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	99.0%	--	--	99.0%	--	--	--	--	--
	STROKE CARE %									
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
	EMERGENCY DEPARTMENT THROUGHPUT									
	EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low	Low	Low	Low
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	176.00	179.00	181.50	168.00	163.75	172.00	209.00	206.00	209.50
↓	ED2b ED Decision to Transport	40.00	41.25	33.75	39.09	40.75	38.25	42.90	49.80	52.00

BalladHealth

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital			Unicoi County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	97.00	95.50	103.50	90.00	97.00	99.75	119.00	124.00	140.50
↓	OP20 Door to Diagnostic Evaluation RETIRED	11.00	--	--	7.00	--	--	--	--	--
↓	OP21 Time to pain medicaton for long bone fractures RETIRED	25.00	--	--	20.00	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.3%	0.5%	1.0%	0.3%	0.7%	1.0%	0.5%	0.9%
↑	OP23 Head CT stroke patients	--	60.0%	100.0%	--	50.0%	0.0%	--	--	0.0%
	PREVENTIVE CARE %									
↑	IMM2 Immunization for Influenza	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	92.3%	52.6%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	99.0%	98.0%	98.0%	98.0%	98.0%	100.0%	98.0%	98.0%	98.0%
	BLOOD CLOT PREVENTION / TREATMENT									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	0.0%	0.0%	--	100.0%	--	--	--	--
	PREGNANCY AND DELIVERY CARE %									
↓	PC01 Elective Delivery	--	--	--	--	--	--	--	--	--
	SURGICAL COMPLICATIONS RATE									
↓	Hip and Knee Complications	0.034	0.083	--	--	--	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	0.00	--	--	0.00	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	0.83	--	0.98	0.89	--	1.00	0.82	0.99	--
	READMISSIONS 30 DAYS RATE%									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	18.0%	0.0%	--	--	0.0%	--	--	--
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	12.0%	21.0%	29.0%	17.6%	20.0%	27.0%	--	--	--
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	12.0%	9.0%	3.0%	--	--	--	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.7%	13.0%	13.9%	15.0%	17.0%	18.9%	--	--	--
↓	READM30 STK Stroke 30day readmission rate	11.8%	9.0%	15.0%	--	--	0.0%	--	--	--
↓	READM30HF Heart Failure 30Day readmissions rate	18.8%	23.0%	20.0%	19.0%	26.0%	28.0%	--	--	--
↓	READM30PN Pneumonia 30day readmission rate	16.3%	15.0%	9.0%	18.7%	9.0%	21.0%	--	--	--
	MORTALITY 30 DAYS DEATH RATE %									
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	1.5%	0.0%	0.0%	0.9%	2.2%	2.0%	--	--	--

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital			Unicoi County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.0%	0.0%	0.0%	--	6.3%	33.0%	--	--	--
↓	MORT30HF Heart failure 30day mortality rate	5.5%	1.2%	4.0%	3.4%	9.1%	0.0%	--	--	--
↓	MORT30PN Pneumonia 30day mortality rate	2.8%	2.7%	2.0%	2.1%	3.6%	4.0%	15.2%	--	--
↓	MORT30STK Stroke 30day mortality rate	4.5%	7.7%	0.0%	--	--	0.0%	--	--	--
	USE OF MEDICAL IMAGING OUTPATIENT									
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--	--	--	--
	OP9 Mammography Followup Rates - Annual	3.8%	3.8%	--	1.4%	1.4%	--	4.7%	6.1%	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.5%	0.5%	--	3.3%	3.3%	--	4.7%	9.0%	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.0%	0.0%	--	1.1%	1.1%	--	0.0%	0.0%	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	3.7%	3.7%	--	3.8%	3.8%	--	--	--	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.0%	0.0%	--	--	--	--	0.7%	0.7%	--

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Desired Performance	Metric Rate	Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	--	0.00	0.00	--	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	--	0.00	0.00	--	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	--	0.00	0.00	--	--	0.00	--	--	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	--	0.00	0.00	--	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	0.00	--	--	--	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--	--
↓	CLABSI	--	--	--	--	--	--	--	--	--
↓	CAUTI	--	--	--	--	--	--	--	--	--
↓	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	--	--
↓	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--	--
↓	MRSA	--	--	--	--	--	--	--	--	--
↓	CDIFF	--	--	--	--	--	--	--	--	--
	General Information-Structural Measures									
YES	**ACS REGISTRY - Retired**	No	No	No	No	No	No	--	--	--
YES	**SMPART GENSURG General Surgery Registry - Retired**	Yes	Yes	No	No	No	No	--	--	--
YES	**SMPART NURSE Nursing Care Registry - Retired**	No	No	No	No	No	No	--	--	--
YES	**SMSSCHECK Safe Surgery Checklist**	--	--	Yes	--	--	No	Yes	Yes	--
YES	**OP12 HIT Ability electronically receive lab results**	--	--	--	--	--	--	--	--	--
YES	**OP17 Tracking Clinical Results Between Visits**	--	--	--	--	--	--	Yes	Yes	--
YES	**OP25 Outpatient Safe Surgery Checklist**	--	--	--	--	--	--	Yes	Yes	Yes
	SURVEY OF PATIENT'S EXPERIENCE									
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	57.0%	89.0%	90.0%	92.0%	94.0%	--	100.0%	--
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	--	43.0%	11.0%	8.0%	8.0%	4.0%	--	0.0%	--
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	--	0.0%	0.0%	2.0%	0.0%	2.0%	--	0.0%	--
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	89.0%	92.0%	87.0%	88.0%	--	100.0%	--
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	--	0.0%	11.0%	6.0%	9.0%	8.0%	--	0.0%	--

BalladHealth

Desired Performance	Metric Rate	Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	--	0.0%	0.0%	2.0%	4.0%	4.0%	--	0.0%	--
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	--	100.0%	100.0%	95.0%	96.0%	83.0%	--	100.0%	--
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	--	0.0%	0.0%	4.0%	4.0%	11.0%	--	0.0%	--
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	--	0.0%	0.0%	1.0%	0.0%	6.0%	--	0.0%	--
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	--	100.0%	--	89.0%	33.0%	--	--	100.0%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	--	0.0%	--	5.0%	25.0%	--	--	0.0%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	--	0.0%	--	6.0%	42.0%	--	--	0.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%	50.0%	77.0%	89.0%	75.0%	--	100.0%	--
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	--	0.0%	0.0%	18.0%	4.0%	17.0%	--	0.0%	--
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	--	0.0%	50.0%	5.0%	7.0%	8.0%	--	0.0%	--
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%	83.0%	92.0%	86.0%	93.0%	--	100.0%	--
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	--	0.0%	17.0%	8.0%	14.0%	7.0%	--	0.0%	--
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	52.0%	56.0%	70.0%	51.0%	46.0%	--	58.0%	--
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	--	33.0%	33.0%	22.0%	43.0%	54.0%	--	42.0%	--
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	--	15.0%	11.0%	8.0%	6.0%	0.0%	--	0.0%	--
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	--	100.0%	67.0%	86.0%	95.0%	94.0%	--	100.0%	--
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	--	0.0%	0.0%	14.0%	3.0%	6.0%	--	0.0%	--
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	--	0.0%	33.0%	0.0%	2.0%	0.0%	--	0.0%	--

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Desired Performance

Metric Rate	Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
Quality Target Measures									
↑ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	--	100.0%	67.0%	79.0%	86.0%	80.0%	--	100.0%	--
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	--	0.0%	33.0%	18.0%	14.0%	13.0%	--	0.0%	--
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	--	0.0%	0.0%	3.0%	0.0%	7.0%	--	0.0%	--
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	--	14.0%	33.0%	13.0%	6.0%	6.0%	--	0.0%	--
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	--	0.0%	0.0%	7.0%	3.0%	13.0%	--	0.0%	--
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	--	86.0%	67.0%	80.0%	91.0%	81.0%	--	100.0%	--
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	--	86.0%	33.0%	81.0%	85.0%	80.0%	--	100.0%	--
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	--	14.0%	67.0%	9.0%	12.0%	20.0%	--	0.0%	--
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	--	0.0%	0.0%	10.0%	3.0%	0.0%	--	0.0%	--
CATARACT SURGERY OUTCOME %									
↑ OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %									
↑ OP29 Avg Risk Polyp Surveillance	--	--	--	--	--	0.0%	--	--	--
↑ OP30 High risk Polyp Surveillance	--	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	--
HEART ATTACK									
↓ OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--	--
STROKE CARE %									
↑ STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT									
EDV Emergency Department Volume	Low	Low	Low	Medium	Medium	Medium	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	124.00	197.75	--	--	--	--	165.00	148.00
↓ ED2b ED Decision to Transport	--	16.25	30.25	--	0.00	--	--	43.50	50.00

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Desired Performance	Metric Rate	Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	--	103.50	104.00	--	124.50	115.50	89.00	91.50	78.75
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.8%	0.6%	1.0%	0.5%	0.5%	1.0%	0.7%	0.9%
↑	OP23 Head CT stroke patients	--	90.0%	100.0%	--	--	100.0%	--	100.0%	0.0%
	PREVENTIVE CARE %									
↑	IMM2 Immunization for Influenza	--	100.0%	96.4%	--	100.0%	--	--	100.0%	100.0%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	--	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	BLOOD CLOT PREVENTION / TREATMENT									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	--	--	--	--	--	--	--	--
	PREGNANCY AND DELIVERY CARE %									
↓	PC01 Elective Delivery	--	--	--	--	--	--	--	--	--
	SURGICAL COMPLICATIONS RATE									
↓	Hip and Knee Complications	--	--	--	--	--	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	--	--	--	--	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	--	--	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	READMISSIONS 30 DAYS RATE%									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	--	--	--	--	--	--	--	--	--
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	--	11.1%	0.0%	--	29.0%	11.0%	--	0.0%	0.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--	--	0.0%	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	--	5.0%	8.3%	15.6%	11.0%	6.8%	--	--	0.0%
↓	READM30 STK Stroke 30day readmission rate	--	50.0%	--	--	--	--	--	--	--
↓	READM30HF Heart Failure 30Day readmissions rate	--	--	--	--	0.0%	25.0%	--	--	--
↓	READM30PN Pneumonia 30day readmission rate	--	--	0.0%	17.0%	0.0%	0.0%	--	--	--
	MORTALITY 30 DAYS DEATH RATE %									
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	--	--	0.0%	--	--	0.0%	--	--	0.0%

BalladHealth

Desired Performance	Metric Rate	Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	Quality Target Measures									
⬇	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--	--	--	--
⬇	MORT30HF Heart failure 30day mortality rate	--	--	--	--	0.0%	0.0%	--	--	--
⬇	MORT30PN Pneumonia 30day mortality rate	--	--	0.0%	16.9%	2.4%	6.0%	--	--	0.0%
⬇	MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--	--	--	--
	USE OF MEDICAL IMAGING OUTPATIENT									
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--	--	--	--
	OP9 Mammography Followup Rates - Annual	--	--	--	--	--	--	--	--	--
	OP10 Abdomen CT Use of Contrast Material - Annual	--	--	--	--	--	--	--	--	--
	OP11 Thorax CT Use of Contrast Material - Annual	--	--	--	--	--	--	--	--	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	--	--	--	--	--	--	--	--	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	--	--	--	--	--	--	--	--	--